



253 Van Buren Street, Lyndhurst, NJ 07071

MEDICAL CAR SERVICE, INC.

Administrative Office: 800-999-2288

Fax: 201-460-8649

Service areas of provider organization

Hours of operation

Monday-Friday _____

Saturday _____

Sunday _____

Does your company perform background checks on employees ___ Yes ___ No

Does your company perform drivers license checks on employees ___ Yes ___ No

How often are driver abstracts checked? _____

Provider attests that all statements given on this application are accurate and correct.

Multi-Care, Inc.

Provider

Print name & title

Print name & title

Signature

Signature

Date

Date



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CREDENTIALING APPLICATION FOR SPECIALTY PROVIDERS

Type of Health Care Facility/Provider _____ Date of Application: _____

Agency/Organization Name _____ Federal Tax ID# _____

Does your agency/organization do business under another name? _____

(IF YES, WHAT NAME?) _____ Email Address: _____

Address _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Fax Number: _____ Hours of Operation: _____

Mailing/Correspondence Address (if different): _____

City: _____ State: _____ Zip Code: _____

KEY MANAGEMENT STAFF AND PHONE NUMBERS

Contact Person: _____ Telephone: _____

President/CEO: _____ Telephone: _____

Administrator/Executive Director: _____ Telephone: _____

PAYMENT OFFICE LOCATION

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Person(s): _____