ZOLL Billing Questionnaire

Company Profile

Company name:

DBA:

Company physical address:

Company pay to address:

Tax status: ☐ For Profit ☐ Not for Profit ☐ Other (ex: Government)

Tax ID:

National Provider Identifier (NPI):

Fire Department FDID (if applicable):

Agency time zone:

Primary billing contact name (Will be the company administrator):

Name:

Email:

Phone (Work):

Phone (Cell):

Billing Information

Current billing solution (vendor/software):

Are you taking over billing from a 3rd party billing agency? ☐ Yes ☐ No

What state(s) are you licensed in?

Do you bill for more than one tax ID or NPI? ☐ *Yes ☐ No

*If "Yes" is selected, complete the Additional Agencies section on page 7.

How many trips per year do you bill for?

Levels of service?

How long have you been billing EMS claims?

How many users will need access to ZOLL Billing?

Do you have a membership program? ☐ Yes ☐ No

EPCR

Who is your ePCR vendor?

Does the vendor provide NEMSIS upload via API? ☐ Yes ☐ No

CAD

Who is your CAD vendor?

Payers

Do you bill Medicare Part A, Part B, or both? ☐ Part A ☐ Part B ☐ Both A & B

Have you contacted Medicare re: switching software vendors?

Which states do you bill Medicaid in?

Do you bill Medicaid electronically or on paper? ☐ Electronically ☐ Paper

Does your Medicaid payer have unique claim rules? (i.e., special modifiers): ☐ Yes ☐ No

Clearinghouse

Electronic claims clearinghouse:

Patient statements vendor\clearinghouse:

Patient CC Payments vendor\clearinghouse:

Training

Is there a need for in-person training? ☐ Yes ☐ No

Most implementations are remote utilizing ZOOM. If in-person is needed, name the closest airport.

Payers

Please list only Medicaid, Kaiser, Amerihealth, and Blue Cross payers your company is enrolled with below (please include state).

- Provider ID is a payer-specific number assigned to your organization and may be your tax ID. If unknown or not assigned, leave blank.
- Address is the claims billing address for paper CMS 1500 forms.
- For EMS providers in AL or NH, please include the Medicaid Provider ID.
- For EMS providers in CA, please include the Medi-Cal Pin below. We are unable to complete electronic eligibility transactions to this payer without the pin.

We may contact you during account setup if the payers require additional EDI enrollment.

	Payer Name	Provider ID	Address, City, State, Zip code
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Charges

Complete the following fields with additional HCPCS that your agency bills for.

	Rates	Amount	HCPCS
1	**BLS Non-Emergent**		**A0428**
2	**BLS Emergent**		**A0429**
3	**ALS 1 – Non-Emergent**		**A0426**
4	**ALS 1 – Emergency**		**A0427**
5	**ASL2**		**A0433**
6	**Mileage**		**A0425**
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Additional Users

Add as many company admins as you like. Please note that anyone you list will receive an automated email from DoNotReply@zollonline.com to register their account in ZOLL Online.

First name:
Last name:
Email:
Account type:

First name:
Last name:
Email:
Account type:

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Account type:

Additional Agencies

Company name:
Tax ID:
NPI:
Physical address:
Pay to address:

Company name:
Tax ID:
NPI:
Physical address:
Pay to address:

Company name:
Tax ID:
NPI:
Physical address:
Pay to address:

Company name:
Tax ID:
NPI:
Physical address:
Pay to address:

Company name:
Tax ID:
NPI:
Physical address:
Pay to address:

Company name:
Tax ID:
NPI:
Physical address:
Pay to address:

Company name:
Tax ID:
NPI:
Physical address:
Pay to address:

Submit