

Create New Billing Provider

You can access the **Billing Provider** page by clicking on [New](#) beside 'Billing Provider' under the Billing section from the Admin tab on your Dashboard.

Billing	
Funding Source	New List Archive
Description/Code	New List Archive
Cost Center Type	New List Archive
Attendance Type	New List Archive
Leave Rule	New List Archive
Taxonomy Code	New List Archive
Billing Provider	New Search Archive
Custom PDF Invoice	New List Archive

On the **Billing Provider** form, fill out the information as follows:

1. The 'Entity Type' must be selected as 'Non-Person' from the dropdown list. Enter the 'Organization Name' as it appears on the **Service Provider** form. The option 'Used for IB', must be selected as well.

Service Provider Information

Service Provider Code: 12345678

Service Provider Name: DEMO Provider

Business Name:

Owner Organization ID: 00271692

Mapped Therap Provider: -- Please Select --

Name

* Entity Type: Non Person

* Organization Name: DEMO Provider

* First Name:

* Last Name:

Middle Name:

Used for IB:

Oversight Service Provider Form

Billing Provider Form in Linked Provider

- On the 'Identification Information' section, the 'Employer's Identification Number' must be selected from the 'ID Type' drop down list. Enter the ID number as it appears on the 'Service Provider' form beside the 'Service Provider Code' field.

Service Provider Information

Service Provider Code: 12345678

Service Provider Name: DEMO Provider

Business Name:

Owner Organization ID: 00271692

Mapped Therap Provider: -- Please Select --

Identification Information

ID Type: * Employer's Identification Number (EIN)

ID Number: 12345678

Medicaid Provider Number:

NPI Number:

Provider Commercial Number:

Additional Provider Number:

Taxonomy Code: Select

Demonstration Project Identifier:

Oversight Service Provider Form

Billing Provider Form in Linked Provider

- On the 'Provider Information' section, enter the information as it appears on the 'Physical Address' section on the **Service Provider** form. If the Zip code is 5 digits in numbers, add 1111 at the end to make the code 9 digits in numbers.

Physical Address

Street 1: 408 South Street

Street 2:

Street 3:

City: OMAHA

Zip Code: 12345

County: Hall

State: NEBRASKA

Oversight Service Provider Form

Provider Address

* Street 1: 408 South Street

Street 2:

* City: OMAHA

* State: NEBRASKA

* ZIP: 123451111

Zip: xxxxxxxx or xxxxx-xxxx

Billing Provider Form in Linked Provider