



Speclin Billing and Management
1-800-373-8927

Service Name: _____ Zip Code: _____

Contact Person: _____ Title: _____

Contact Phone#: () _____

Best Time to Call: _____

email address: _____

Annual Transport Volume:	
Average Loaded Miles/Incident:	Mileage Rate: \$ _____

Transport Volume Sub Totals:

Basic Life Support	Volume:	Billing Rate
Non-Emergency		\$ _____
Emergency		\$ _____

Advanced Life Support	Volume:	Billing Rate
Non-Emergency		\$ _____
Emergency - ALS1		\$ _____
Emergency - ALS2		\$ _____
ALS - Specialty Care		\$ _____

Additional Categories: (If appl)	Volume	Billing Rate
Wheelchair Van		\$ _____
(Other)		\$ _____
(Other)		\$ _____

Name of Electronic Patient Care Program, if you utilize: _____

Do You receive Detailed Monthly Billing Reports demonstrating Volume Billed, Amounts Billed and Received, ReBills, Courtesy Adjustments, etc. Yes: _____ No: _____

Send via USPS to:
Speclin Billing Administrator
409 Porter Ave.
Scottsdale, PA 15683-1141

email to:
speclinbilling@speclin.net