

# BottomLine Medical New Client Application

**New Account Information:**

<b>Clinic Name:</b>	
<b>Address:</b>	
<b>City, State and Zip:</b>	
<b>Phone Number:</b>	
<b>Contact Name:</b>	
<b>Clinic's EIN Number:</b>	

Doctor Name	DEA Number	State License #

**(Please attach another sheet if more room is needed to list doctors)**

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**The following is for internal use only:**

Items Required to set up account	Date Received (for office use only)
Formulary	
Signed Agreement	
Start Date _____	
NCPDP Number Requested	

**Comments:**

**Fax to BottomLine Medical at (704) 527-0928**