Central Finance Office (CFO)
Enrollment/Application Form

This application form must be attached to each individual practitioner's enrollment packet.

Practitioner Information ☐ **Correspondence address also**

First Name: _____M: _____Last Name_____

Site Address (correspondence & scheduling services): _____

City: _____State: _____ Zip Code: _____

Phone: _____ Ext. _____ Fax: _____

E-mail Address: _____

Primary Contact for Enrollment Questions:

Name: _____ Phone: _____

Billing Information ☐ **Correspondence address also**

❑ **New Information**
❑ **Change of Information**
Please indicate the type of change: ❑ Specialty ❑Name ❑Phone ❑Fax ❑Address ❑Site ❑ Billing
❑ Dis-Enrolling: Last Date of Work ____/____/____ ❑Re-Enrollment Organization ❑Re-Enrollment Independent

Payee Federal Tax ID Number: _____***Email Address***:_____

Payee/Organization Name: _____

Billing Address: _____

City: _____State _____Zip_____

Phone: _____ Ext. _____ Fax: _____

Applying for enrollment under the following discipline(s):

- □ Audiologist
- □ Counselor
- □ Developmental Specialist
- □ Durable Medical Equipment
- □ Family – Transportation
- □ Interpreter – Bilingual
- □ Interpreter – Sign Language
- □ Nurse
- □ Nutritionist
- □ Occupational Therapist
- □ Occupational Therapy Assistant
- □ Orientation/Mobility Specialist
- □ Parent Partner (RAU)
- □ Physical Therapist
- □ Physical Therapy Assistant
- □ Physician
- □ Physician Assistant
- □ Psychologist
- □ School Psychologist
- □ Service Coordinator
- □ Interim Service Coordinator (RAU)
- □ Social Worker
- □ Special Educator
- □ Speech and Language Pathologist
- □ Vision Specialist

Please fill this form out completely for each individual and return by fax or surface mail to:

WV Birth to Three Central Finance Enrollment
C/O Covansys
Post Office Box 29134
Shawnee Mission, Kansas 66201-9134 Fax: 913-888-6683