



Central Finance Office (CFO) Enrollment/Application Form

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

Practitioner Information

First Name: _____ MI: _____ Last Name: _____

DOB: _____ Gender: _____ SSN#: _____

Mailing Address (PO Box/Street): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____ Fax: _____

E-mail Address: _____

NPI#: _____

Payee Organization Contact for Enrollment Questions:

Name: _____ Phone: _____

Billing Information

☐ **New Information**

☐ **Change of Information**

Please indicate the type of change: ☐ Specialty ☐ Name ☐ Phone ☐ Fax ☐ Address ☐ Email ☐ 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> American Sign Language Specialist | <input type="checkbox"/> Counselor | <input type="checkbox"/> Developmental Specialist |
| <input type="checkbox"/> Hearing Specialist | <input type="checkbox"/> Interim Service Coordinator (RAU) | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Occupational Therapy Assistant |
| <input type="checkbox"/> Orientation/Mobility Specialist | <input type="checkbox"/> Parent Partner (RAU) | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Physical Therapy Assistant | <input type="checkbox"/> Psychologist | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Service Coordinator | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Speech and Language Pathologist |
| <input type="checkbox"/> Special Educator-Autism | <input type="checkbox"/> Special Educator-BCBA/BCaBA | <input type="checkbox"/> Special Educator-Behavior Disorders |
| <input type="checkbox"/> Vision Specialist | | |

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

WV Birth to Three Central Finance Enrollment
C/O Gainwell Technologies
Post Office Box 29134
Shawnee Mission, Kansas 66201-9134
Fax: 913-888-6683
wvbttenroll@gainwelltechnologies.com