



**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  
100 Industrial Way  
Scottsdale, PA 15683-1728