

## Facility List

Please gather information for each facility where services will be rendered.

**Facility Information – This information will print in Box 32 of a CMS 1500 claim form**

Facility ID	Facility Name		
Address			
City		State	Zip
Phone Number		Fax Number	
Facility Type/Place of Service Code		Clia Number	
NPI Number	Mammography Certification		

**Facility Information – This information will print in Box 32 of a CMS 1500 claim form**

Facility ID	Facility Name		
Address			
City		State	Zip
Phone Number		Fax Number	
Facility Type/Place of Service Code		Clia Number	
NPI Number	Mammography Certification		

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