



COUNTY OF MONTEREY | HEALTH DEPARTMENT
Emergency Medical Services Agency

1441 Schilling Place, South Building, Salinas, CA 93901 | PH: 831-755-5013



EMS Fund (Maddy) Enrollment Form

This form is for a **ONE-TIME** enrollment of physicians only. Physician Assistants may not enroll in the Maddy Program. Completion of a new form is required when the physician's information (e.g., hospital, group, billing company) changes. It is the responsibility of the physician to maintain current information with the EMS Agency.

PHYSICIANS ONLY

PHYSICIAN INFORMATION

Last Name		First Name	
Address		City	
State		Zip Code	
Telephone		Email	
State License #		<p>PLEASE NOTE: It is the physician's responsibility to maintain current license information on file with EMS Agency. Failure to maintain current license information will result in denial of claims.</p>	
Expiration Date			
NPI#			

CLAIM PAYMENT INFORMATION

Payee Name			
Entity Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Payee Address		City	
State		Zip Code	
Telephone		Fax	

If using a billing or management company, please provide the following information.

Company Name			
Company Address		City	
State		Zip Code	

ENROLLMENT

Contact Name		Email	
Telephone		Fax	

CLAIMS

Contact Name		Email	
Telephone		Fax	

ACKNOWLEDGEMENT

The undersigned acknowledges the following:

Receipt of 1) a copy of the Monterey County Emergency Medical Service Fund Reimbursement Procedures, 2) a copy of the disbursement schedule and 3) the Field Completion Requirements table, which includes links to pertinent documents and sources of information.

The undersigned also certifies, under penalty of perjury, that the information provided in this enrollment form and that claims submitted for reimbursement are true, accurate, and complete to the best of his/her knowledge.

Physician's signature: _____

Date: _____

For questions please contact:

Carolina Coyt PH: (831) 755-4964
 Accountant I Email: coytc@co.monterey.ca.us

Submit enrollment forms to:

EMSadmin@co.monterey.ca.us

You can download and submit this form using Acrobat Reader