National Multiple Sclerosis Society

National Multiple Sclerosis Society
Community Service Provider Intake Form

Thank you for your interest in providing services to people living with MS. Please complete and return both pages of this form. The information provided, after being reviewed and approved, will be added to our database for referral purposes.

PLEASE NOTE: If extra space is needed, the fields below expand. If completing this form on paper, and you need extra space, please write locations, services, eligibility, insurance information, and healthcare provider information on a piece of paper and submit with this form.

GENERAL INFORMATION

Individual Name/Company Name:		
Primary street address:		
City:	State:	Zip:
Phone number:	Fax number:	
Company Website:	Company Email: Is it OK to share your email address with patients? ☐ Yes ☐ No	
Please list any eligibility requirements for your services (e.g., referral requirements, age limits, income limits, counties, regions, etc.):		
Please list all types of insurance accepted (if applicable): ☐ Medicare ☐ Medicaid ☐ Dual Eligible (Medicare/Medicaid) ☐ Private Insurance ☐ Private Pay ☐ VA Benefits ☐ TRICARE ☐ Other (please describe):		
Do you offer a sliding fee scale, indigent care, or financial assistance? ☐ Yes ☐ No ☐ Not Appliable		
What services or programs do you provide that would benefit people with multiple sclerosis?		
What are your hours of operation?		
To what extent is your office accessible to persons with disabilities? (check all that apply) ☐ Wheelchair Accessible ☐ Automatic Doors ☐ Entrance Ramp ☐ Accessible Parking ☐ Office on Ground Floor ☐ Elevator Accessible (if above ground floor) ☐ Accessible Restroom		
Do you or other staff members speak a language other than English? ☐ Yes ☐ No If yes, please list languages:		
Do you have experience with people with MS or other physical disabilities and/or relevant training? If yes, please describe (e.g., MS or disability-related training or continuing education, number of people with MS served, etc.)		
Are home visits offered? ☐ Yes ☐ No If yes, please describe:		
Please list anything else you would like us to know about yourself or your company:		

ADDITIONAL LOCATIONS (if different than location listed above)

Addresses(s) with all other contact information:
Services/Eligibility/Hours/Insurance offered at this location/these locations:

ADDITIONAL INFORMATION

Please answer any questions below that are applicable to your services. Please write "n/a", if necessary.

Please list any licenses, credentials, professional organization affiliations, or relevant specialized training:
(For National MS Society internal use only) Do you carry any form of professional liability (or comparable) insurance? ☐ Yes ☐ No If yes, please describe:
What state/s are you licensed in?

National Multiple Sclerosis Society

National Multiple Sclerosis Society
Community Service Provider Intake Form

If National MS Society staff members have questions about any of the information provided in this form, please list the name and phone number for the person to contact to get clarification (if different than the name listed above):

PRINTED NAME:
PHONE NUMBER/EMAIL:

Please return completed forms by mail, email or fax to:
National MS Society, Greater Northwest Chapter
Attn: Debra
192 Nickerson Street, Suite 100
Seattle, WA 98109
Email: Debra.Maas@nmss.org
Fax: 206-284-4972

Questions? Please call 1-800-344-4867, press option 2, Ext. 40227 or 206-284-4254, Ext. 40227

OFFICE USE ONLY	
Account Number:	Coding:

The National Multiple Sclerosis Society does not endorse products, services or manufacturers.
The National Multiple Sclerosis Society assumes no liability for the use of any product or service provided as a referral.