

ACO Intake Form

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| ACO Information | |
| ACO Number |  |
| ACO Name |  |
| ACO Address |  |
| ACO City, State and Zip |  |
| ACO Tax ID |  |
| ACO Patient Population Count |  |
| ACO Start Date |  |
| ACO Track |  |
| Prospective or Preliminary Prospective Attribution? |  |
| Point of Contact/SO | |
| Point of Contact Name (First and Last) |  |
| Title |  |
| Email |  |
| Phone |  |
| Secondary Contact | |
| Point # 2 of Contact Name (First and Last) |  |
| Title |  |
| Email |  |
| Phone |  |
| Billing Contact | |
| Billing Point of Contact Name (First and Last) |  |
| Title |  |
| Email |  |
| Phone |  |
| Health Endeavors Internal Use | |
| Agreement Signed Date |  |
| DUA Agreement Signed and Submitted Date |  |
| BAA Signed and Submitted Date |  |
| All Files In (Y/N) |  |
| Training Scheduled (Y/N) |  |
| Kickoff Call Date |  |
| JIRA Project |  |
| MFT Access (Y/N) |  |