



Date of Request:

## **New Provider Request Form**

## Please complete all fields as applicable for Facility or Individual

Provider Name (Facility Name OR First, Middle, Last, Title for individuals):

Individuals Date of Birth:		Individuals Social	Individuals Social Security #:					
Medicare #:		Individuals Type	1 NPI:					
Individuals CAQH ID:	Facility/Practice T	Facility/Practice Type 2 NPI:						
Michigan State License #:	DEA #:	DEA #:						
Michigan Controlled Substa	nce License #:							
PRACTICE INFORMATIO	N							
Practice Name (if applicable	):							
Provider Type:								
Facility/Group PCI	P Specialist	Behavioral Health	Hospital Based	Other				
If PCP, is provider accepting a	panel (allow member	assignment)? Yes	No					
Provider's Specialty at this loc	ation:							
Provider's Additional Specialti	es or Subspecialties:							
Provider's Start Date at this loo	cation:							
Corporation Name/Tax Name:			Tax ID (attach W9):					
Practice Address:								
	Number and Street	City	State	Zip Code				
Phone #:			Fax #:					
Practice Manager Name & Email:								
Billing/Remittance Address ( Check box if same as practice address above)								
	Number and Street	City	State	Zip Code				
	Phone #:		Fax #:					

Billing Contact Name & Email:

	Number and Street		City	State		Zip Code
	Phone #:			Fax #:		
Medical Records Addres	ss ( Check box if same	as practice	e address	above)		
	Number and Street		City	State		Zip Code
			City			Zip Code
	Phone #:			Fax #:		
	Medical Records Name	& Email:				
Hospital Privileges or St	upervising Physician:					
Does Provider offer telel	health services? Yes	No				
Is provider accepting new patients Commercial?		Yes	No			
Is provider accepting new patients Medicare?		Yes	No			
Can patients schedule appointments with provider at this location?			Yes	No		

Check box if same as practice address above)

## **NPPES NPI Registry**

Correspondence/Mailing Address (

To view current NPPES NPI Registry, please visit the following website: <a href="https://npiregistry.cms.hhs.gov/">https://npiregistry.cms.hhs.gov/</a>

PHP requires that provider information matches NPPES data. Additional information on how to update NPPES information can be found on the NPPES site at <a href="https://nppes.cms.hhs.gov/IAWeb/login.do">nppes.cms.hhs.gov/IAWeb/login.do</a>



All provider addresses appearing in PHP directory must be reflected in NPPES NPI Registry.

**Return completed form to:** 

Physicians Health Plan Attn: Network Services, Credentialing PO Box 30377 Lansing MI 48909-7877

Fax: 517.364.8412 Email: <u>PHP.Credentialing@phpmm.org</u>

If you have any questions, please call 517.364.8312