New Provider Request Form

Please complete all fields as applicable for facility or practitioner

Practitioner or Facility Information

Practitioner Last Name | First Name | Middle | Title

Facility Name

Practitioner Date of Birth | Social Security Number | Medicare Number

Individual Type 1 NPI | Michigan State License | Facility/Practice Type 2 NPI

CAQH ID | DEA Number | Is Practitioner Board Certified or Residency Trained? ○ Yes ○ No

Practice Information

Practice Name

Provider Type ○ Facility/Group ○ PCP ○ Specialist ○ Behavioral Health ○ Hospital Based ○ Other

If PCP, is provider accepting a panel (allow member assignment)? ○ Yes ○ No

Provider's Specialty at this Location

Additional Specialties or Subspecialties

Start Date at this Location

Corporation Name/Tax Name

Tax ID (Attach W9)

Practice Physicial Address

Practice Street Address | City | State | Zip Code

Phone Number | Fax Number

Practice Manager Name

Practice Manager Email Address

Billing Information

Is billing/remittance address the same as practice above? ◯ Yes ◯ No (*please fill in address below)*

Street Address | City | State | Zip Code

Phone Number | Fax Number

Billing Contact Name

Billing Contact Email Address

Correspondence/Mailing Address

Is correspondence/mailing address the same as practice address? ◯ Yes ◯ No (*please fill in address below)*

Street Address | City | State | Zip Code

Phone Number | Fax Number

Correspondence/Mailing Contact Name

Correspondence/Mailing Contact Email Address

Medical Records Address

Is correspondence/mailing address the same as practice address? ◯ Yes ◯ No (*please fill in address below)*

Street Address | City | State | Zip Code

Phone Number | Fax Number

Medical Records Contact Name

Medical Records Contact Email Address

Hospital Privileges or Supervising Physician

Does Provider offer telehealth services? ◯ Yes ◯ No

Return completed form to:

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

Fax: 517.364.8412, Monday-Friday, 8 a.m. to 5 p.m., EST

Email: PHP.Credentialing@phpmm.org

Please call with any questions: 517.364.8312