

**PRISM® / NextGen® Provider
Add/Modify/Remove Template**

CHAS Practice Support – Phone: 513-636-5222 / Fax: 513-636-5254

Fax To: (513) 636-5254 Attention: Application Specialist Team. If you need assistance with this form, a member of our support team can assist you with any questions you may have.

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE BEING SUBMITTED FOR CONSIDERATION

From: _____ Practice Name: _____

Phone: _____ Practice Fax: _____

ADD **MODIFY** **REMOVE**
 Physician Nurse Practitioner Referring Physician Resident

Please Print	New provider Details	
Provider Name & Credentials		
EMR use		
Specialty		
State & license number	STATE	
Taxonomy code		
NPI		
Tax ID or SSN		
DEA		
Email address		

License-type needed for <i>this</i> provider			
EPM	<input type="checkbox"/>	EMR/EPM	<input type="checkbox"/>
FTMD	PTMD	FTNP	PTNP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider is a resident			<input type="checkbox"/>
Spare license-type to be used. APPLIES TO "DOWNGRADE" LICENSES ONLY			
FTMD	PTMD	FTNP	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider associated with spare			
X _____			

Please Print	New provider ID Numbers	Effective Date	
Amerigroup			
Anthem			
Anthem Indiana			
Anthem KY			
Anthem Medicaid IN			
BWC			
CareSource OH			
Medicaid IN			
Medicaid KY			
Medicaid OH			
MDWise Care Select			
MDWise Hoosier Alliance			
MHS of IN			
Molina of OH			
PRISM Dr. #			

CHAS use only below:

Request Received On: ___/___/___ Change Made By: _____; Date: ___/___/___ CHAS "Gateway" Ticket created on: ___/___/___