

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

Practice Support – Phone: 513-636-5222 / Fax: 513-636-0504

Fax To: (513) 636-0504 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 Physician Assistant Resident Referring Physician

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 (check appropriate box)					
EPM		EMR/EPM			
FT MD	PT MD	FT NP	PT NP	FT PA	PT PA
<input type="checkbox"/>	<input type="checkbox"/>	<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					
FT MD	PT MD	FT NP			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Name of 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		
Molina of OH		

Community Practice Services use only below:

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