

Provider Enrollment Form (Managed Care)

Use this form to enroll a new provider or change the profile of an existing provider:

<input type="checkbox"/> Add New Provider Please enter this provider's information in each of the required boxes below. (* Required items for Add New Provider)	<input type="checkbox"/> Change Existing Provider Profile Add a practice location Other: _____ Remove a practice location Tax ID No Payer Roster Please explain all changes under Special Instructions, below.
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Provider Name*:	Degree*:	PCP* or Specialist*	Gender*:	Male	Female
Individual NPI*:	UNM Billing Number:		Behavioral Health:		
Department*:	Provider Email Address*:				
Primary Specialty*:	Secondary Specialty:				

Hiring Entity:	UNMH	UNMMG	SRMC	
Tax ID*	Practice Locations:		Facility/Clinic Name*	No FindADoc

Special Instructions for Provider Directory:

Submitted by: (Name and Title) *	Department*:	Telephone*:	Email Address*:

OCCS Required Fields	Behavioral Health Confirmed:	Specialty Excl Svc Confirmed:	Trauma Excl Svc Confirmed:	PCP Panel Confirmed:
[Internal Use Only]	1st Date Payer Notified: / /	Managed Care Ready:	Cactus Enter Date: / /	Initials: _____