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| ODM Provider Reporting Number |
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Ohio Department of Medicaid

**PROVIDER REPORTING NUMBER APPLICATION FOR MANAGED CARE PLAN (MCP)
PROVIDERS**

All MCP-subcontracting or affiliate providers who do not have a Medicaid (fee-for-service) Provider Number or an ODM Provider Reporting Number must complete this form. Provider Reporting Numbers will be assigned by ODM and may be used by the provider for all MCPs with which he/she may affiliate. The provider will not be able to bill Medicaid with this Reporting Number. The Provider Reporting Number is being assigned to enable encounter data to be submitted to ODM through the MCPs. In addition, this number will allow MCPs to submit the provider to the ODM designated database as a panel provider. Numbers will be assigned on an individual provider basis with the exceptions of pathology, clinic and radiology, which will be assigned one number for the group. Mail this application form to:

Managed Care Provider Reporting Number Applications
ATTN: Managed Care Contract Administration Section
ODM, Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709

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| Provider Last Name | | | NPI Number | |
| Provider First Name | | Social Security Number <i>(Required for Individuals)</i> | | |
| Primary Practice Address: Number and Street | | Federal Employer ID <i>(Required for Business only)</i> | | |
| City | State | Zip Code | Board License Number | |
| Area Code and Telephone | | Board License Issue Date | | |
| Birthdate | Gender | Board License Expiration Date | | |
| Birthplace (City, State, Country) | | Provider Type Code | | |
| Primary Care Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Provider Specialty Code | | |

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|---|-------------------------|----------------|----------|--|
| MCP Name | Application Date | Effective Date | | |
| MCP Contact Person | Area Code and Telephone | | | |
| MCP Contact Person Address: Number and Street | City | State | Zip Code | |
| MCP Representative Signature | Title | Date | | |