Reset Form

State Use Only

Ohio Department of Medicaid

GROUP PRACTICE PROVIDER INFORMATION

To report individual practitioners within your group, please complete and return this form to the address shown below.

Group Name

Group Provider Number
Group NPI Number

Complete the form and return to:

Provider Enrollment Unit
P.O. Box 1461
Columbus, Ohio 43216-1461
Fax: 614-995-5904

List individual practitioners participating in your group. If additional space is required, please use additional forms. Failure to report all individuals in your group may result in denied claims.

Individual Name (*print or type*)	Individual NPI Number	Individual Ohio Medicaid 7-digit Provider Number

Notification must be provided to the Ohio Department of Medicaid within 30 days of the addition of any practitioner(s) to the group entity or the deletion of any individual practitioner(s) from the entity so named above. Failure to report additions to the group may result in denied claims.

Signature of Authorized Agent	Printed Name and Title	Date