Email completed form to:
Penny Lore at pennylore@midco.net
Questions? Call (605) 431-6213

Please answer the following questions. Completing all sections allows payers to process and pay claims. You may photocopy this form if you need additional copies for other providers within your group or clinic.

- This is a request for information. This is not a contract to provide care. All blocks including signature are required.

This form: ❑ **Adds a provider** ❑ **Terminates a provider** ❑ **Changes demographic data** ❑ **Re-credential**

PART A: PROVIDER NAME AND TAX ID NUMBER

Name of Provider:	Professional Title:
IRS Tax name:	NPI Number:
Will this provider be billing under more than one tax ID number: Yes ❑ No ❑	
Federal Tax ID number(s):	Group NPI Number:
Taxonomy Code:	Gender: M ❑ F ❑
Date Provider will begin (began) billing under this Tax ID Number: _____/_____/_____	Locum Tenens? Yes ❑ No ❑
Date Provider stopped billing under this Tax ID Number: _____/_____/_____	Temporary? Yes ❑ No ❑
Languages:	Office Hours:

PART B: BILLING INFORMATION

Provider listed above will be billing as a:	Group/Clinic ❑	Individual ❑
What name is to be on the checks?		
Name of group/clinic/individual:		
Mailing address of group/clinic/individual:	Email Address:	
Street:		
City:	State:	Zip Code:
Contact person for billing:	Phone: ( ) -	Fax: ( ) -

PART C: PROVIDER INFORMATION

Name of Office/Clinic/Practice:		
Physical Address of Practice City:	State:	Zip Code:
Phone Number for Patient Appointments: ( ) -		Fax: ( ) -
Does Provider offer services at satellite location(s)? Yes ❑ No ❑ *If yes, please complete the Satellite office location information in Part D on the back of this form.*		
Providers SSN and Date of Birth:		
Provider's state license number:		
Provider's DEA number:		
Provider Insurance Company: ________________________ $ Limits Per Occurrence: _________ Aggregate: _________ Provider's specialty:____ Subspecialty 1: Subspecialty 2: *These are the specialty categories the Provider will be listed under within the Participating Provider Directory.*		

Certification - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

______________________________ ______________________________

Signature (Required) **Date**

PART D: PROVIDER INFORMATION – SATELLITE OFFICE INFORMATION

LOCATION 1	Effective Date:
Different Billing Tax Identification Number? Yes ❑ No ❑	
Federal Tax ID number(s):	Group NPI number:
Facility Name:	Specialty:
Street Address:	
City: State:	Zip Code:
Phone Number for Patient Appointments: ( ) -	
Contact Person for Billing Questions:	Phone: ( ) - Fax: ( ) -

LOCATION 2	Effective Date:
Different Billing Tax Identification Number? Yes ❑ No ❑	
Federal Tax ID number(s):	Group NPI number:
Facility Name:	Specialty:
Street Address:	
City: State:	Zip Code:
Phone Number for Patient Appointments: ( ) -	
Contact Person for Billing Questions:	Phone: ( ) - Fax: ( ) -

LOCATION 3	Effective Date:
Different Billing Tax Identification Number? Yes ❑ No ❑	
Federal Tax ID number(s):	Group NPI number:
Facility Name:	Specialty:
Street Address:	
City: State:	Zip Code:
Phone Number for Patient Appointments: ( ) -	
Contact Person for Billing Questions:	Phone: ( ) - Fax: ( )

LOCATION 4	Effective Date:
Different Billing Tax Identification Number? Yes ❑ No ❑	
Federal Tax ID number(s):	Group NPI number:
Facility Name:	Specialty:
Street Address:	
City: State:	Zip Code:
Phone Number for Patient Appointments: ( ) -	
Contact Person for Billing Questions:	Phone: ( ) - Fax: ( )

LOCATION 5	Effective Date:
Different Billing Tax Identification Number? Yes ❑ No ❑	
Federal Tax ID number(s):	Group NPI number:
Facility Name:	Specialty:
Street Address:	
City: State:	Zip Code:
Phone Number for Patient Appointments: ( ) -	
Contact Person for Billing Questions:	Phone: ( ) - Fax: ( )