Provider Enrollment - Join an Existing Group

Disclaimer *- This form is intended only for providers who are unable to submit an online application through Availity to join an existing group. Submissions for any other purpose will not be reviewed or receive a response.*

Group Information

Group NPI*: _____

Group TIN*: _____

Group Name/DBA Name*: _____

Provider Basic Information

CAQH Number: _____

NPI Number *: _____

Personal Information

Provider First Name: _____

Provider Middle Name: _____

Provider Last Name *: _____

Preferred Provider Pronouns: _____

Date of Birth *: _____

US Citizen? (Yes / No) *: _____

SSN *: _____

Correspondence Phone *: _____

Ext: _____

Phone Type: _____

Correspondence Email*: _____

Please return this form via fax to 866-612-7795
Incomplete, incorrect or illegible forms may delay or prevent proper processing

Correspondence Mailing Address Line1 *: _____

Address Line 2: _____

City *: _____

State *: _____

Zip Code *: _____

Medicare Information

Medicare ID Number: _____

Medicare State: _____

Medicare Effective Date: _____

Member and Directory Information

Languages (up to 5 that are most applicable) *:

_____

Race: _____

Ethnicity *: _____

Gender Identity *: _____

Population Treated

Age Minimum: _____

Age Maximum: _____

License and Specialty

Highest Degree of Licensure: _____

Provider License Number *: _____

Provider License State: _____

License Effective Date: _____

License Expiration Date: _____

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Board Certification: _____

Name of Certifying Board: _____

Board Certification Effective: _____

Board Certification Expiration: _____

Initial Certification Date: _____

Board Certification #: _____

I prescribe controlled substances *: Yes No

DEA Number *: _____

DEA number is required if you prescribe controlled substances.

CDS Number: _____

Clinical Expertise (Specialties) *: _____

Therapeutic Modalities*: _____

Documents Required

1. Resume*
2. Malpractice Declaration Form*
3. California Medi-Cal Enrollment
4. Ohio Department of Medicaid Addendum – ODM 10235 R.3/2022
5. DEA* (*required if you prescribe controlled substances*)
6. CDS
7. Board Certification*
8. Licenses*

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