

Rendering Provider Form

Notes and Instructions

The Rendering Provider Form must be completed for all clinical staff members who are new or are not on the Integrated System. This form is also to be used for clinical staff that have terminated services from a provider location or to update information, i.e., name change, email, phone no., fax no., or expiration dates. When completing this form, please refer to the following guidelines:

- The original form must be completed in its entirety (if applicable), with the required signature. Fax, photocopies and electronic forms are not acceptable.
- All information must be current upon submission of this form.
- Be sure all fields are completed accurately and appropriately to avoid delay in the processing of a request.

REQUEST TYPE:

- This section determines the type of request the rendering provider wants to initiate.

GENERAL INFORMATION:

- This section will serve as the rendering provider's identifier.

Last Name – Please print last name.

First Name – Please print first name (avoid using nicknames)

Middle Initial – (If applicable)

Sex – Please circle the appropriate gender.

Ethnicity – This code can be found in the IS Codes Manual.

Staff Code – *For county employee:* This is your 6-digit employee number. *For NGA:* This is your 7-digit staff number consisting of 3 or 4 preceding letters followed by numbers (ex: ABC1234 or ABCD123).

FFS Individual Provider Number – This is your FFS Individual provider number that is associated with the taxpayer ID for this request.

SSN – These are the 9 digits of your social security number.

DOB – This is the “month”, “day” and “year” of your birthday (ex: 10/30/00).

Language Code – This code(s) can be found in the IS Codes Manual. A maximum of five language codes can be listed on the form.

DMH Classcode – This is the type of organization to which your home provider belongs.

Tax Payer ID – This is the nine digit federal tax payer ID. (FFS only)

CONTACT & ASSIGNED LOCATION INFORMATION:

- This section outlines the location(s) where the rendering provider is providing the service(s).

Contact Name – This is the designated person in case there are problems with the submitted form.

Contact Phone No. – This is the phone number of the designated contact person.

Contact Email- This is the contact person's email address.

Contact Phone No. – This is the contact person's direct phone number.

Contact Fax No. – This is the contact person's fax number.

DMH/NGA Prov No./Rept Unit – This is the 4-digit State provider number or 5-digit (four digit provider number + the alpha code) that is assigned to the facility where services are being provided.

FFS Group/Organization Prov No. – This is the 9-digit number associated to the tax payer ID if this form is to add the rendering provider under a FFS group or organization.

Effective Date – This is the date the rendering provider began delivering services under this provider number.

Locum Tenum – Check this box to indicate the rendering provider is a temporary staff assigned to a DMH facility.

Intern – Check this box if the rendering provider is an Intern with DMH assigned a unique staff code.

Termination Date – This is the date the rendering provider stopped delivering services under this provider number.

Name of Organization – This is the name of the facility where service(s) is provided.

Service Area – This code can be found in the IS Codes Manual.

MHSA – Check this box to indicate the Mental Health Service Act funding source. (DMH Providers Only)

Address, City, Zip – This is the service location's complete address, city and zip code.

TAXONOMY AND LICENSE INFORMATION:

- This section provides evidence of the rendering provider's eligibility.
Description – This is the description associated with the taxonomy code.
Taxonomy – This is the rendering provider's discipline. (If multiple disciplines use additional space provided.) The taxonomy code(s) can be found in the IS Codes Manual.
Professional License # - This is an 8-digit alphanumeric number listed on your professional license.
Effective Date & Expiration Date – These are the effective and expiration dates of your professional license.
DEA License # - This is a 9-digit alphanumeric number listed on your DEA license (if applicable).
Expiration Date – This is the date your DEA license expires.
Medicare Prov No. This is the 6-digit facility Medicare provider number associated with a rendering provider's PPIN Medicare No. (DMH only).
PPIN Medicare No. – This is the 9-digit performing physician identification number that is assigned to a rendering provider delivering services at a specific location . (DMH only)
Expiration Date – This is the date the PPIN number expires.
NPI – This is the 10-digit national provider identifier number mandated by HIPAA. This number is unique and remains constant regardless to the service location of the rendering provider.

AUTHORIZED PERSON'S NAME AND SIGNATURE:

- This is the staff signature designated on the Authorization to Sign CIOB Access Form for the above assigned location.