

## Provider Enrollment Work Sheet

Practice Name (DBA) \_\_\_\_\_

	Doctor # _____	Doctor # _____	Doctor # _____
<b>First Name</b>			
<b>Middle Initial</b>			
<b>Last Name</b>			
<b>Title</b>			
<b>Spec Code #</b>			
<b>Tax ID #</b>			
<b>UPIN</b>			
<b>SSN</b>			
<b>Medicare Ind. ID #</b>			
<b>Medicare Group ID #</b>			
<b>Medicaid Ind. Id #</b>			
<b>Medicaid Group ID #</b>			
<b>Blue Cross/Blue Shield ID #</b>			
<b>Champus Individual ID #</b>			
<b>Champus Group ID #</b>			
<b>GHI ID #</b>			
<b>Nevada Care Individual ID#</b>			
<b>Nevada Care Group ID #</b>			
<b>Railroad Medicare Ind ID</b>			
<b>Railroad Medicare Gr ID</b>			
<b>Sami ESPD</b>			
<b>Box 31 (Signature of Physician or Supplier including degree or credentials) should read?</b>			
<b>Box 33 (Physician's, Supplier's Billing Name, Address, Zip Code &amp; Phone #)</b>			