

MVP MID LEVEL PRACTITIONER REGISTRATION FORM INSTRUCTIONS

MVP Midlevel practitioner registrations are required for all office based physician extenders, which includes but is not limited to: Nurse Practitioners (NP), Physician Assistants (PA), Certified Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM), Advanced Practice Register Nurse (APRN), and Anesthesia Assistants (AA) (VT only).

On the back page is the registration form. Please keep in mind the following information when completing the form:

- a.) This form is for only midlevel practitioners who have never been registered before. If you are a midlevel and you need to change previously submitted information, please submit the changes in writing to your regional Professional Relations Department.
- b.) Only Midlevel practitioners whose collaborating physician is participating will be registered. If the midlevel is an employee of the hospital and practices within the Inpatient and/or Outpatient setting, registration is not required.
- c.) Midlevel practitioners will always pay to the collaborating physicians billing address under the collaborating physicians Tax ID #. No claims will be paid to the Midlevel practitioner directly.
- d.) Mid Level Practitioners are required to bill using your individual type 1 NPI number and your collaborating physicians Tax ID #. Please do not bill using your collaborating physicians NPI number. Please refer to MVP's web site for information on billing with an NPI Number.
- e.) Please include what specialty you were trained in when filling in the "Area of Specialization" field on line 3. Example: OB/Gyn or Cardiology. Please do not put NP, PA, CNM, etc.
- f.) When completed, please fax the form to the PR Regional office in your location. (Please see below PR Regional office locations and Fax number) It is necessary to only fax the registration form, not this instruction page.
- g.) Mid Level Practitioners who have opted out of Fee For Service Medicare may not see MVP Medicare Gold patients. This rule applies to all Mid Level's who have opted out of Medicare regardless if their collaborating physician has opted in to Fee For Service Medicare and is a participating provider with the MVP Medicare Gold products.

Region	Phone #	Fax #
East/Massachusetts	1-888-363-9485	1-518-388-2200
Mid-State (Syracuse)	1-800-568-3668	1-315-426-3735
Central (Utica)	1-800-888-9635	1-315-736-7002
South Tier (Binghamton)	1-800-688-0379	1-866-721-9205
Mid-Hudson (Fishkill)	1-800-666-1762 option 2	1-845-897-6340
New Hampshire	1-866-687-6364	1-603-647-9607
Vermont	1-800-380-3530 option 4	1-802-264-6509



MVP PR use only	Effective Date: _____
CPID: _____	PIN: _____
Payee: _____	Req By: _____
Region: _____	Req Date: _____
LOB: HMO/POS PPO/EPO/Ind ASO MVP Option MVP Gold Cigna Catamount	
NMPR/Agr: _____	Medicare Opt Out D Y D N

Mid Level Practitioner Registration Form

1. Demographic Information

Last Name: _____ First Name: _____ MI: _____
Date of Birth: _____ Gender: M F Other lang. spoken: _____
Social Security: _____ Area of Specialization: _____
Licensure: (PA, NP, CNM, CRNA, etc) : _____

2. Education

Name of Graduate School: _____
Degree: _____ Year Graduated: _____

3. License Numbers

DEA #: _____ DEA State: _____ Expiration Date: _____
State License in: _____ State License #: _____ Expiration Date: _____
NPI: _____ (Note: Type 1 NPI # is required for registration)
Medicaid Management Information System # _____

4. Insurance Section

Name of current Professional Liability Carrier: _____
Address: _____
Amount of coverage: _____ Policy Number: _____ from _____ to _____

5. Practice Site Information

Effective Date: _____ Group: _____
Service Address 1: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
Collaborating Physician: _____ Collaborating Specialty: _____
Employer/Practice Tax ID number: _____ Hours per week at this practice? _____

6. Practice Site Information (additional)

Effective Date: _____ Group: _____
Service Address 2: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
Collaborating Physician: _____ Collaborating Specialty: _____
Employer/Practice Tax ID number: _____ Hours per week at this practice? _____