MVP Contracted Provider Registration

Instructions for Completing the Contracted Provider Registration

A completed MVP Contracted Provider Registration is required for all hospital-based physicians with the following specialties:

- Anesthesia
- Critical Care
- Emergency Medicine
- Neonatology
- Internal Medicine
- Pathology
- Family Practice
- Pediatrics

1. This registration form is for practitioners who are hospital-based only. If you are a hospital-based physician and you need to change information previously submitted, please submit those changes in writing to the appropriate regional department listed below.

2. If a physician requests any specialty in addition to the above specialties, they must be approved by the MVP Credentialing Committee.

3. Physicians who have a private practice or practice in an urgent care setting must become a credentialed provider with MVP and should not complete this form. Please direct any questions about becoming an MVP credentialed provider to ProviderEnrollment@mvphealthcare.com.

4. If a physician practices at more than one hospital, they must complete a Provider Registration form for each of the individual hospitals.

5. Providers in MVP’s East region should email ProviderEnrollment@mvphealthcare.com to determine if they meet registration criteria.

6. Please email the completed Provider Registration form, and a copy of your DEA, State License, and Malpractice Insurance policy to ProviderEnrollment@mvphealthcare.com.

7. Providers wishing to see MVP Medicaid Managed Care, Child Health Plus, and MVP Harmonious Health Care Plan members must have an active Medicaid Management Information System number (MMIS#) with New York State. Providers are not required to see New York State Medicaid patients; however you must be registered with an MMIS#. Providers who do not have an active MMIS# will not be able to participate with MVP Medicaid Managed Care, Child Health Plus, and MVP Harmonious Health Care Plan. Providers wishing to obtain an MMIS# should visit emedny.org/info/providerenrollment.

9. Physicians who meet the registration requirements must not see MVP members until they have completed the registration process and have received a welcome letter from MVP confirming their participation status. MVP will not reimburse providers for services provided to an MVP member if the provider is not participating with MVP.
**Contracted Provider Registration**

Physicians who have a private practice or practice in an urgent care setting must become an MVP Health Care credentialed provider and **should not complete this form**.

### Section 1: Provider Information  *(please print)*

<table>
<thead>
<tr>
<th>Name <em>(Last, Middle Initial, First)</em></th>
<th>Date of Birth</th>
<th>Gender □ Male □ Female</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Social Security No.</th>
<th>Title</th>
<th>Practice Start Date</th>
</tr>
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<tbody>
<tr>
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</table>

**Indicate Your Specialty?**

- □ Anesthesia
- □ Critical Care
- □ Emergency Medicine
- □ Family Practice
- □ Internal Medicine
- □ Neonatology
- □ Pathology
- □ Pediatrics
- □ Internal Medicine
- □ Neonatology
- □ Pathology
- □ Pediatrics

**Language(s) Spoken, Other than English** *(check all that apply)*

- □ Spanish
- □ French
- □ Italian
- □ German
- □ Greek
- □ Portuguese
- □ Hungarian
- □ Polish
- □ Russian
- □ Persian
- □ Japanese
- □ Korean
- □ Polish
- □ Armenian
- □ Hebrew
- □ Sign-Language
- □ Arabic
- □ Hindi
- □ Hungarian
- □ Yiddish
- □ Chinese
- □ Hebrew
- □ Sign-Language
- □ Arabic
- □ Hind
- □ Vietnamese
- □ Tagalog/Filipino
- □ Samoan
- □ Haitian-Creole
- □ Marathi
- □ Twi
- □ Chinese
- □ Cantonese
- □ Hungar
- □ Polish
- □ Others: ________________________________________
- □ Other: ________________________________________
- □ Spanish
- □ French
- □ Italian
- □ German
- □ Greek
- □ Portuguese
- □ Hungarian
- □ Polish
- □ Armenian
- □ Hebrew
- □ Sign-Language
- □ Arabic
- □ Hindi
- □ Chinese
- □ Cantonese
- □ Hungarian
- □ Polish
- □ Others: ________________________________________
- □ Other: ________________________________________

<table>
<thead>
<tr>
<th>Residency Completed? □ Yes □ No</th>
<th>Board Certified? □ Yes □ No</th>
<th>NPI No.</th>
<th>Medicaid No. (MMIS)</th>
<th>Medicare No.</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>State License No.</th>
<th>State</th>
<th>Expiration Date</th>
<th>DEA No.</th>
<th>Expiration Date</th>
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<th>Expiration Date</th>
<th>DEA No.</th>
<th>Expiration Date</th>
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</thead>
<tbody>
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</table>

### Section 2: Practice Location

**Hospital Name**

<table>
<thead>
<tr>
<th>Service Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Office Phone (   )</th>
<th>Office Fax (   )</th>
<th>Handicap Accessible □ Yes □ No</th>
</tr>
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<tbody>
<tr>
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</table>

### Section 3: Billing Location

<table>
<thead>
<tr>
<th>Billing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</thead>
<tbody>
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</tr>
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<tbody>
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Continued on page 2
### Section 4: Tax Information

<table>
<thead>
<tr>
<th>Tax ID No.</th>
<th>Tax Entity Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### Section 5: Contact Information *(required)*

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Contact Phone Number (    )</th>
</tr>
</thead>
</table>

Email the completed Provider Registration form, and a copy of your DEA, State License, and Malpractice Insurance policy to ProviderEnrollment@mvphealthcare.com.