Provider Registration Application Request

Specialties That Require Registration

Hospital-Based Physicians
Internal Medicine, Family Practices, Pediatrics, Anesthesiologist, Pathologists, Emergency Medicine, Neonatologists, and Critical Care.

Mid-Level Providers
Physician Assistant, CRNAs, Opticians, Registered Nurse First Assistant (RNFA) who work exclusively in the hospital and are credentialed by the hospital, Nurse Practitioners, and CNMs not meeting credentialing criteria.

Providers must ensure all information related to Demographics, Training, Licenses, DEAs, Malpractice Insurance, and Payment are up-to-date on their CAQH. Visit mvphealthcare.com/PRM to review the MVP registration requirements.

Request Date	Group Name

Practitioner Name *(Last, First, Middle Initial)*	Practitioner Degree *(e.g., MD, DO, PT)*	Group/Practitioner Tax ID No.

Practitioner NPI No.	Practitioner CAQH No.	Requested Specialty

License No.	License State ☐ NY ☐ VT ☐ PA ☐ CT ☐ MA

Medicaid Management Information System No. (MMIS#)*	Category ☐ PCP ☐ Specialist ☐ PCP and Specialist

Collaborating Physician *(Mid-Levels only)*

*Providers wishing to see MVP Medicaid Managed Care, MVP Child Heath Plus, and MVP Harmonious Health Care Plan members in New York State 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 number. Providers wishing to obtain an MMIS number should visit **emedny.org** and select *Provider Enrollment*.

Primary Practice Location

Service Address	Office Phone	Office Fax
	( )	( )

City	State	Zip Code+4	County

Does the Practice you are joining have an existing group contract with MVP? ☐ Yes ☐ No ☐ Do not know

Is the provider providing services in the inpatient setting only? ☐ Yes ☐ No

Is the provider providing urgent care services? ☐ Yes ☐ No

Contact Information

Name	Phone
	( )

Email

Please email a copy of this completed form to **MVPPR@mvphealthcare.com**.

MVP Internal Use

SF No.	REMIT	FTR	LMT	ATTACH	DD	ASGN	RGN/FS	LOB