REASSIGNMENT OF TAX ID FOR MAPIR

Attention: RI Medicaid Enrollment Unit

Please note: All fields are mandatory and must be completed.

For the purpose of assigning payment to the group identified below for my **Program Year 20___**
Medicaid Electronic Health Record (EHR) Incentive Payment, please assign the following tax ID
to my NPI:

Group Name:	
Group Tax ID:	
Group NPI:	
Group Taxonomy:	
Group Mailing Address:	
Group Service Address:	

Please enter your information below:

Name:	
NPI:	
Email Address:	
Provider Phone No. :	

Please **list all groups** that you are associated with/working for: *(use back if needed)*

If you are **no longer associated with a group you were previously associated with**, you must
attach separate documentation listing the NPI of that group and the **last date you were
associated with that group**, and request to be disassociated from that group.

Group Name	Group NPI

_____
Provider's signature *(must be an original signature)*

_____
Date