



STATE OF RHODE ISLAND

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

---

Dear Provider,

Thank you for your interest in the Rhode Island Medicaid Program. Enclosed are the forms and information necessary to enroll as a performing provider within an established group.

Please complete and send the following:

- Adding Members to an Existing Group Provider Application form
- Copy of current license
- Copy of NPI letter and taxonomy

Completed enrollment forms should be mailed to:

Hewlett Packard Enterprise  
Provider Enrollment Unit  
P.O. Box 2010  
Warwick, RI 02887-2010

If you have any questions about the enrollment form or enrollment process, please call HPE at **1-401-784-8100** for instate and long distance callers or 1-800-964-6211 for instate toll calls and border communities.

**IMPORTANT NOTE:** Please DO NOT send any claims with your application. Wait until you have received your confirmation letter. If you are an out-of-state provider, wait for your confirmation letter and Prior Authorization before sending in any claims.