



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:

DXC Technology
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 DXC at **1-401-784-8100** for in-state and long distance callers or 1-800-964-6211 for in-state 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.