

# Medicaid EHR Incentive Payment

## New Managed Care Individual Provider Enrollment Form

Please note that completing this form is not necessary if you currently have a Rhode Island Medical Assistance number.

<b>Provider Name</b>	Last Name	First Name	Middle Initial	Title
<b>Provider Numbers</b>	NPI ID			TAX ID
	Rite Share ID*			Rhody Health ID*
<b>Office Address</b>	Street			Suite/Room
	City		State	Zip
	Contact Name		Title	Phone
<b>Pay To: Address</b>	Street			Suite/Room
	City		State	Zip
	Contact Name		Title	Phone
<b>Mail To: Address</b>	Street			Suite/Room
	City		State	Zip
	Contact Name		Title	Phone

Individual providers, establishing a practice, please include:

- License
- W-9, signed
- Provider Agreement, signed
- Addendum I, signed
- Disclosure, signed
- Electronic Funds Transfer (EFT) form
- A copy of the NPI letter from CMS that contains the your NPI and Taxonomy number

\* Please leave blank if not applicable