

Provider Add Form

When adding an additional provider, who is already credentialed with MassHealth, to an existing practice, please complete this form and return to ProviderRelations@massdhp.com.

Date: _____

Office Billing NPI/NPI2: _____

New Provider Name: _____

License Number: _____

Provider NPI Number: _____

Business Name (as shown on W-9):[_____

Business Tax ID (as shown on W-9): _____

Office Phone Number: _____

Contact in Office: _____

Print Name (Owner): _____

Signature: _____

*Please note additional documentation may be required.