ADDITIONAL LOCATION FORM

General information

Last name, First name, MI (attach roster if necessary) or independent health or facility name

License type (if applicable)

Primary specialty

Secondary specialty

Federal TIN

Medicare number (if applicable)

NPI type I – Individual

NPI type II – Organization

Physical address – The physical address, phone number and website will appear on the website provider directory.

Practice name

Physical address

City State ZIP code

Phone

Fax

Website for publication

Practice email address for publication

Mailing address – Mailing information will be utilized for all payments. Email will be utilized for all legal and contractual notices as defined in section 12.2 of the provider contract and 11.1 of the facility contracts, as well as payment-related notices/documents. An email address must be included. All notices will be sent electronically.

Mailing office name

Mailing address

City State ZIP code

Phone

Fax

Contact person

Contact email

Authorized signature

Date

Contact name (please print)

Phone

Facility use only

CEO/administrator name

Phone

Email

Contracting/managed care name

Phone

Email

(Attach a completed W-9 Form for each TIN, Medicare certification and/or accreditation, if applicable.)
Fax: 405-717-8977 or 405-717-8702
Email: EGID.NetworkManagement@omes.ok.gov

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