mhs health wisconsin

801 S. 60th Street
Suite 200
West Allis, WI 53214

New Provider Request Form

Please complete the entire form when a new Physician joins the clinic or group.

Last Name, First Name, Middle Initial, Degree	
Providers CAQH Number	
Clinic Name	
Practicing Specialty for Location	
Primary Office Address	
City, State, Zip Code	
Office Phone and Fax Number	
Office Hours	
Billing Address (if different than above)	
Billing Phone and Fax Number	
Tax Identification #	
Medicaid #	
Medicare #	
NPI #	
Medical Records Contact Name	
Medical Records Fax Number	
UPIN	
Taxonomy	
WI Medical License #	
DEA #	
Gender	
Languages Spoken	
Group Start Date	

Signature:____________________________ Contact Name (Print):_____________________

Email Address:_______________________ Date:___________________________________

Mail completed forms to:
Attn: Credentialing Department
MHS Health Wisconsin
801 S. 60th Street
Suite 200
West Allis, WI 53214
Or confidential fax to: 866-671-3669