ADD A PROVIDER

to an Existing Contract

Please complete this entire form to add a provider to an existing contract, such as when a new provider joins the clinic or group. If a question is not applicable, answer with NA.

First Name	Last Name	Middle Initial
Practitioner Type	◯ Primary Care ◯ Specialist	Degree
Practitioner CAQH Number		
Practitioner Specialty for Location		
Practitioner Taxonomy		
Clinic/Group Name		
Practitioner Primary Office Address		
City, State, Zip Code		
Office Phone	Office Fax	
Office Hours		
Billing Address (if different than above)		
Billing Phone	Billing Fax	
Tax Identification #		
Group NPI #		
Practitioner NPI #		
Practitioner Medicaid #		
Practitioner Medicare #		
Credentialing Contact Name		
Credentialing Fax Number		
WI Medical License #		Expiration Date
DEA #		Expiration Date
Gender		
Ethnicity		
Languages Spoken		
Group Start Date		
Print in Provider Directory	◉ Yes ◯ No	

Return completed form:
Email: mhs-wipdm@mhswi.com
Mail: MHS Health Wisconsin
Attn: Provider Data Management
801 S. 60th Street, Suite 200
West Allis, WI 53214
Confidential fax: 1-866-671-3669

Contact Name (Print)

Signature

Contact Email

Date

To start a new contract, please use the appropriate form at mhswi.com/providers/become-a-provider.html