Medicare Advantage Non-Credentialed Practitioner Add Form

INSTRUCTIONS

- Add demographic data for non-credentialed practitioners and specialists such as anesthesiologists, audiologists, CRNAs, dietitians, ER physicians, occupational therapists, physical therapists, speech therapists, pathologists, and radiologists. Check with the facility if unsure if a practitioner is a non-credentialed type.
- All changes must be submitted at least 30 calendar days prior to effective date. Missing information may cause delays in updates.
- For status checks and questions on how to fill out the form, please contact Aspirus Health Plan's Provider Assistance Center at 715-631-7412 or toll free at 1-855-931-4851.

Email the completed form to demographicupdatesMA@aspirushealthplan.com.

Non-Credentialed Practitioner Add Form

CONTACT INFORMATION

Completed and authorized on behalf of the practitioner by:

Name: **Title:**

Location Name:

Phone: **Fax:**

Email:

ADD NON-CREDENTIALED PRACTITIONER DEMOGRAPHIC INFORMATION
Additional practitioners can be added on the last pages.

Last Name: **First Name:**   **Middle Initial:**

Date of Birth: **Gender:**   Female: Male:

Specialty:

NPI:

Moonlighting: **Hospitalist:**   **Locum Tenon:**

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):

OTHER INFORMATION:

Does the practitioner(s) speak languages other than English?:   Yes: No:

If yes, please note additional language(s) spoken in "comments" section.

Comments (Additional Information):

By signing this form below, you validate that the above information is accurate and true to the best of your knowledge.

Signature:

ADDITIONAL PRACTITIONER #2

Last Name: **First Name:**   **Middle Initial:**

Date of Birth: **Gender:**   Female: Male:

Specialty:

NPI:

Moonlighting: **Hospitalist:**   **Locum Tenon:**

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):

Does the practitioner(s) speak languages other than English?:   Yes: No:

If yes, please note additional language(s) spoken:

Non-Credentialed Practitioner Add Form

ADDITIONAL PRACTITIONER #3

Last Name: **First Name:**   **Middle Initial:**

Date of Birth: **Gender:**   Female: Male:

Specialty:

NPI:

Moonlighting: **Hospitalist:**   **Locum Tenon:**

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):

Does the practitioner(s) speak languages other than English?:   Yes: No:

If yes, please note additional language(s) spoken:

Non-Credentialed Practitioner Add Form

ADDITIONAL PRACTITIONER #4

Last Name: **First Name:**   **Middle Initial:**

Date of Birth: **Gender:**   Female: Male:

Specialty:

NPI:

Moonlighting: **Hospitalist:**   **Locum Tenon:**

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):

Does the practitioner(s) speak languages other than English?:   Yes: No:

If yes, please note additional language(s) spoken:

Non-Credentialed Practitioner Add Form

ADDITIONAL PRACTITIONER #5

Last Name: **First Name:**   **Middle Initial:**

Date of Birth: **Gender:**   Female: Male:

Specialty:

NPI:

Moonlighting: **Hospitalist:**   **Locum Tenon:**

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):

Does the practitioner(s) speak languages other than English?:   Yes: No:

If yes, please note additional language(s) spoken: