



Department of Public Health and Human Services
Montana Healthcare Programs Provider Services
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Greg Gianforte, Governor

Adam Meier, Director

Montana Provider Services Mail Cover Sheet

Instructions: Populate all applicable fields and include this cover sheet with documents that are needed to complete your enrollment or update. Documents that do not include a cover sheet will be returned to the provider.

Date: _____

Provider NPI/API: _____

Location ID: _____

Enrollment Unit: _____

FEIN/SSN/ITIN: _____

Provider Name: _____

Enrollment Confirmation Number: _____

Document Type: _____

(Enrollment application, signed Terms and Agreements, License, W-9, CLIA, DEA, Appeal information, etc.)

Document Type (please check box appropriately below)

<input type="checkbox"/> Provider Application/Enrollment Supplemental <ul style="list-style-type: none"> All enrollment/supplemental information that come in Trading Partner Agreement <input type="checkbox"/> License/Certification/Insurance <ul style="list-style-type: none"> Business/Corporate Business/Location License State License Board Certifications DEA License CLIA Certifications NCPDP/NABP Certification <input type="checkbox"/> Financial and Tax Support Documents <ul style="list-style-type: none"> W-9 Bank Letter (not required) Hardship Request Letter Cost Settlement Report EFT/ERA Authorization Agreement EDI Submitter Enrollment Packet (X12N) (If mailing separate from Enrollment application) 	<input type="checkbox"/> Contracts and Agreements <ul style="list-style-type: none"> School Contract Statement of Work and Payment Schedule MT Full Enrollment Terms and Agreement MT Rendering Enrollment Terms and Agreement Mental Health Services Plan Addendum 72 Hour Presumptive Eligibility Program Provider Enrollment Addendum CHIP Dental Provider Agreement CHIP Provider Agreement and Signature for Extended Mental Health Benefits for Children with SED <input type="checkbox"/> Case Management Documents <ul style="list-style-type: none"> Passport to Health Agreements Passport Caseload Information <input type="checkbox"/> Other <ul style="list-style-type: none"> Documents that cannot be categorized above
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Additional Information:

Internal Use Only
Received Date: _____
Document Control Number (DCN): _____