Currently contracted organizational providers may use this form to request that a new practitioner be affiliated with their organization in CIM. All practitioners must be entered into the CIM system in order for claims and authorizations to be processed correctly.

Prior to sending the practitioner information to PhTech, **Organizational Providers are responsible for credentialing their practitioners** in order to meet the Medicaid regulations outlined in the Pathways Provider Manual.

***\*Please Type or Print Clearly\****

|  |  |
| --- | --- |
| Date Form Completed: | |
| Person Completing Form: | |
| Organization Name: | |
| Organization Tax ID: | |
| Organization NPI: | |
| Practitioner First Name: | Practitioner Last Name: |
| Practitioner License Type/ Credential(s): |  |
| Practitioner NPI: | Practitioner Medicaid ID: |
| Practitioner Taxonomy Code: |  |
| Practitioner Credentialed Date (MM.DD.YYYY) with Organization: | |
| Primary Practitioner Office Location: | |
| Secondary Practitioner Office Location: | |
|  | |

This information should be provided for each practitioner who will submit claims under the Organizational Provider.

All practitioner data should be sent via email to [**provider.contracts@phtech.zendesk.com**](mailto:provider.contracts@phtech.zendesk.com)**.**

**To inquire about the status of your provider, please contact PHTech Provider Services at**

**503-584-2169.**