Ohio Department of Medicaid

MCP – NON-PRIMARY PROVIDERS – ATTACHMENT B

Provider Group Name:	MCP Name:
Group Tax ID Number:	Group NPI:

(Groups should provide Group name, NPI and Tax ID Number above, and individual NPI under "Provider NPI" below)

Last	First	MI	Deg	Spec	Service Location Name	Address	City	St	Zip	Provider NPI

MCP acknowledges changes on the date received. Effective Date will be determined by the MCP. Each provider's name must be listed. If multiple pages are used, the pages must be numbered sequentially on every page (e.g., 1 of 3, 2 of 3, and 3 of 3).