


 Minnesota Department of **Human Services**
Minnesota Health Care Programs (MHCP)

Provider Setup Form

For use by Billing Intermediaries and Clearinghouses only.

Use this form to notify DHS whenever providers are **added or removed** from your list. Copy as needed.

| | | | |
|--|-------------------|--|-------------------|
| SUBMITTER ID (UMPI) A677480100 | | SUBMITTER NAME Office Ally | |
| NAME OF PERSON COMPLETING THIS FORM Dan Waclawsky | | ADDRESS 16703 SE McGillivray, Suite 200 | |
| PHONE (866) 575-4120 | CITY Vancouver | STATE WA | ZIP CODE 98683 |

MHCP Pay-To Provider

| | | |
|------------------------------|-------------------------|--|
| PAY-TO PROVIDER NAME | NPI/UMPI | LINK TO OUR SUBMITTER ID – EFFECTIVE DATE (MM/DD/YYYY) |
| PAY-TO PROVIDER CONTACT NAME | PHONE NUMBER () | REMOVE LINK TO OUR SUBMITTER ID – EFFECTIVE DATE (MM/DD/YYYY) |
| PAY-TO PROVIDER SIGNATURE | DATE (MM/DD/YYYY) | CHOOSE ONE: <input type="checkbox"/> Claim <input type="checkbox"/> ERA <input type="checkbox"/> Both |

MHCP Pay-To Provider

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| PAY-TO PROVIDER NAME | NPI/UMPI | LINK TO OUR SUBMITTER ID – EFFECTIVE DATE (MM/DD/YYYY) |
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| PAY-TO PROVIDER SIGNATURE | DATE (MM/DD/YYYY) | CHOOSE ONE: <input type="checkbox"/> Claim <input type="checkbox"/> ERA <input type="checkbox"/> Both |

**Fax this form to MHCP Provider Enrollment at (651) 431-7462 or mail to
 DHS Provider Enrollment
 PO Box 64987
 St. Paul, MN 55164-0987**