



EDI Enrollment Affiliated Provider List



This template must be submitted with an [EDI Enrollment \(8292\)](#) or [Novitasphere Portal Enrollment \(8292P\)](#) form and should ONLY contain related group or solo practice information. **Individual or rendering providers within a group should not be listed** – they will be automatically enrolled with the group number.

Each provider listed will be setup as requested on the accompanying enrollment form.

All fields marked with * are required and must be completed.

#	Group/Solo Practice Name	Group/Solo Provider Transaction Access Number (PTAN)	Group/Solo National Provider Identifier (NPI)
1			
2			
3			
4			
5			
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12			
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14			
15			

Reminder: This list must be submitted with an enrollment form and all providers listed will be setup per the accompanying form. This list should not include any rendering provider information.

* Required Signature and Submitter Information	
*Written Signature of Person Submitting Enrollment: (add after you print the form)	*Date (mm/dd/yyyy):
*Printed Name of Person Submitting Enrollment:	*Printed Title of Person Submitting Enrollment:
*Telephone number:	*Fax number:
*Email Address:	