

This form is required in completion by every health care group, practice or hospital for **each clinic** or **facility**, which falls under the same Tax ID Number. This form is required in completion by all private physicians, CRNA's and RNP's who wish to contract with the Arkansas Department of Health, *BreastCare* Program. Hospitals with no separate clinic or community health outlet providing client services are not required to this form.

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED.

Doing Business As (DBA) - Clinic/Group Name:

- DBA Name of Group or Individual Provider Type
- Business/Clinic Name
 - Individual Name with First Name **& Middle Initial**
 - Individual Name with **First Initial** & Middle Name
Drop down Menu
 - ANP, APN, CRNA, DO, MD, NP, RN, RNP, Other

Provider Number :

BreastCare 9 digit Provider Number

Group Provider National Provider Indicator (NPI)

10 digit Number assigned to group/facility or individual Provider (If you need help in setting up your number call the NPI Helpline @ 1-301-7611 or toll free @ 1-866-311-5502.).

Tax ID Name and Number:

9 digit number submitted on W-9.

Provider Legal Name:

Legal Name submitted on the W-9.

Clinic Enroller Contact Email Address

Enter the clinic enroller e-mail address of each clinic client enroller on the provider name and specialty form. **(This e-mail address is used to enroll clients in the BreastCare Online System)**. Each clinic will have **only one** client enroller email address and **one password** regardless of the number of users enrolling clients. Each clinic must request access to the system.

Physical Address:

Location(s) were BreastCare Client services take place.

City/State/Zip/County:

City, State, Zip Code +4, & County of Physical Address.

Clinic Scheduling Contact Phone Number:

Client appointment scheduler phone number.

Billing Address:

Location(s) were BreastCare Client claims are remitted.

City/State/Zip/County:

City, State, Zip Code +4, & County of Physical Address.

Clinic Billing Contact Phone Number:

Billing office phone number.

ADD INDIVIDUAL PROVIDER(S):

Individual BreastCare Provider Number:

7 digit number assign by BreastCare.

Individual Provider Effective Date:

Date individual provider is added or deleted from group

Individual National Provider Indicator (NPI):

NPI Number assigned to individual provider.

Provider Type:

Select **01** Physician MD/ Physician Assistant,
02 Physician MD Group/ CRNA Group,
03 Physician DO, **05** Hospital, **09** Independent Lab,
10 Independent Radiology, **11** CRNA,
28 Ambulatory Surgical Center, **49** Federally Qualified
Health Center/Rural Health Center, **58** Nurse
Practitioner, or **68** AHEC

Provider Specialties:

Select **02** Surgery: General/Oncology, **05** Anesthesia,
08 Family/General Practice, **11** Internal Medicine,
16 OB/GYN, **22** Pathology, **30** Radiology, **31** Radiations
Oncology, **C3** CRNA, **H2** Hematology, or
X1 Medical Oncology

PCP and or Colposcopy (P/C/B)

**PCP (P-Primary Care) or Colposcopy (C-Colposcopy) /
PCP and Colposcopy (B-Both Primary & Colposcopy)**

AR Medical/Nurse License Number:

Individual current state medical/nurse license number.

AR Medical/Nurse License Expiration Date:

Individual current state medical/nurse license
expiration date.

Drug Enforcement Administration (DEA) Registration Number:

Individual DEA Registration number (if applicable).

DEA Expiration Date:

Individual DEA Number expiration date.