

PCSO, Inc.
Individual Provider Information Form

Please submit form to: PCSO, Inc., PO Box 435, Sandusky, OH 44871-0435
or Fax to 419-626-4973.

Note: PCSO can obtain most of the below requested information if provider wishes to provide PCSO with his or her CAQH User Name and Password.

<i>Provider's Full Name (including Middle Initial)</i>	
<i>Locations Where Provider Practices</i>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<i>NPI and NPI Login (if possible)</i>	
<i>Social Security Number</i>	
<i>Birthdate</i>	
<i>Birthplace</i>	
<i>State License Number</i>	State _____ License # _____
<i>CAQH Provider Identification Number (If One) and Login (if possible)</i>	CAQH # _____ User ID _____ Password _____
<input type="checkbox"/> <i>Individual/Sole Proprietor</i> <input type="checkbox"/> <i>Corporation</i> <input type="checkbox"/> <i>Partnership</i> <input type="checkbox"/> <i>Other</i>	
<i>Medical Title (ie MD,DO,etc)</i>	

<i>Primary Medical Specialty</i>	
<i>Secondary Medical Specialty</i>	
<i>Documentation</i>	<ol style="list-style-type: none">1. Copy of Current License2. Copy of current DEA Certification3. Copy of current State Drug Certificate (if any)4. Malpractice Insurance Document That Includes Providers Name On It5. Circulum Vitae/Resume6. Copy of Board Certification (if one)7. Copy of Highest Educational Degree8. W-9 Form

CARRIER ENROLLMENT INFORMATION

Carrier Name	State	Provider Number	Attached To Group Location?
Aetna			
Blue Cross			
Bureau of Workers' Comp			
Magellan			
Medicare			
Medicare Managed Care		1. 2. 3.	
Medicaid			
Medicaid Managed Care Plans:		1. 2. 3.	
Railroad Medicare			
Tricare/Champus Military			
United Behavioral			
Value Options			
Other			
Other			
Other			