DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services / Division of Public Health

F-00916 (02/2025)

WISCONSIN HIV DRUG ASSISTANCE PROGRAM / WISCONSIN CHRONIC DISEASE PROGRAM /  
WISCONSIN WELL WOMAN PROGRAM

PROVIDER FILE UPDATE REQUEST

INSTRUCTIONS: Type or print clearly. Before completing this form, Wisconsin HIV Drug Assistance Program (HDAP), Wisconsin Chronic Disease Program (WCDP), and Wisconsin Well Woman Program (WWWP) providers should read the Provider File Update Request Instructions, F-00916A. Submit the completed form to ForwardHealth, Provider Enrollment, 313 Blettner Boulevard, Madison, WI 53784.

This form cannot be used to report a change in ownership.Refer to the Online Handbook on the ForwardHealth Portal for instructions.

Contact Provider Services at 800-947-9627 for more information.

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| **IDENTIFYING INFORMATION (Required)**  **IMPORTANT**  The information in this section is used solely to identify the provider submitting the form and is not intended for updates. Enter information **currently** on file with ForwardHealth in these elements. | | | | | | |
| 1. Name – Provider (Required) | | | 2. Provider ID (Required) | | | |
| 3. Taxonomy Code (Required for Health Care Providers) | | | 4. Zip Code (Required) | | 5. Zip+4 Extension (Required) | |
| 6. Updates on this form are applicable to the following programs. (Required)  HDAP  WCDP  WWWP | | | | | | |
| **Note:** Sections I–IX should be used to report or change information currently on file with ForwardHealth. | | | | | | |
| **SECTION I – PRACTICE LOCATION INFORMATION**  **IMPORTANT**  Street Address Lines 1 and 2 should not contain any P.O. Box or Lockbox information. | | | | | | |
| 7. Name – Provider | | 8. National Provider Identifier (NPI) | | | | |
| 9. Street Address Line 1 | | 10. Street Address Line 2 | | | | |
| 11. City | 12. State | | | 13. Zip Code | | 14. Zip+4 Extension |
| 15. County | | 16. Phone Number – For Member Use | | | | |
| 17. Name – Contact Person | | 18. Phone Number – Contact Person | | | | |

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| SECTION II – PROVIDER FINANCIAL INFORMATION | | | | | | | | | | | |
| Taxpayer Information | | | | | | | | | | | |
| 19. Taxpayer ID Number (TIN) | | | | 20. Name – Taxpayer | | | | | | | |
| 21. TIN Type  Employer ID Number  Social Security Number | | | | 22. TIN Effective Date | | | | 23. TIN End Date | | | |
| **Checks and Remittance Advice Address** | | | | | | | | | | | |
| 24. Name – Pay To | | | | | | | | | | | |
| 25. Address Line 1 | | | | 26. Address Line 2 | | | | | | | |
| 27. City | | 28. State | | | | 29. Zip Code | | | | | 30. Zip+4 Extension |
| 31. Name – Financial Contact Person | | | | | | 32. Phone Number – Contact Person | | | | | |
| **SECTION III – IRS FORM 1099 MAILING ADDRESS**  **IMPORTANT**  Only one 1099 will be sent per TIN. If the provider completing this form is not responsible for receiving the 1099, the provider should not complete this section. | | | | | | | | | | | |
| 33. Address Line 1 | | | | 34. Address Line 2 | | | | | | | |
| 35. City | | 36. State | | | | 37. Zip Code | | | | | 38. Zip+4 Extension |
| SECTION IV – MAILING INFORMATION | | | | | | | | | | | |
| 39. Name – Mail To | | | | | | | | | | | |
| 40. Name – Attention Line | | | | | | | | | | | |
| 41. Address Line 1 | | | | 42. Address Line 2 | | | | | | | |
| 43. City | | 44. State | | | | 45. Zip Code | | | | | 46. Zip+4 Extension |
| 47. Email Address | | | | | | | | | | | |
| SECTION V – PRIOR AUTHORIZATION INFORMATION | | | | | | | | | | | |
| 48. Name – Provider | | | | | | | | | | | |
| 49. Name – Attention Line | | | | | | | | | | | |
| 50. Address Line 1 | | | | 51. Address Line 2 | | | | | | | |
| 52. City | | | 53. State | | 54. Zip Code | | | | 55. Zip+4 Extension | | |
| 56. Fax Number | | | | 57. Phone Number – Contact Person | | | | | | | |
| SECTION VI – SUPERVISING PROVIDER INFORMATION (For Non-Billing Providers Only) | | | | | | | | | | | |
| 58. Name – Supervisor | | | | 59. Phone Number – Supervisor | | | | | | | |
| 60. Address Line 1 | | | | 61. Address Line 2 | | | | | | | |
| 62. City | | | 63. State | | 64. Zip Code | | | | | 65. Zip+4 Extension | |
| 66. Effective Date of Supervision | | | | | | | | | | | |
| SECTION VII – GENERAL INFORMATION | | | | | | | | | | | |
| 67. Language(s)  English  Spanish  Other  Russian  Hmong | | | | | | | | | | | |
| 68a. Drug Enforcement Agency (DEA) Number(s) | | | | 68b. DEA Number(s) | | | | | | | |
| 68c. DEA Number(s) | | | | 68d. DEA Number(s) | | | | | | | |
| 69a. Clinical Laboratory Improvement Amendment (CLIA) Number | | | | 69b. CLIA Number | | | | | | | |
| 70. Is the provider Medicare Part A enrolled?  Yes  No Effective Date | | | | | | | | | | | |
| 71. Is the provider Medicare Part B enrolled?  Yes  No Effective Date | | | | | | | | | | | |
| SECTION VIII – TAXONOMY  IMPORTANT  A primary taxonomy number must be on file with ForwardHealth at all times. If a primary taxonomy number is being removed, a new one must be indicated. | | | | | | | | | | | |
| 72. Primary Taxonomy Code  Change the primary taxonomy code on file to the following.  Remove old primary taxonomy code from file.  Keep old primary taxonomy code on file as additional code. | | | | | | | | | | | |
| 73a. Additional Taxonomy Code | | | | 73b.  Add  Remove | | | | | | | |
| 74a. Additional Taxonomy Code | | | | 74b.  Add  Remove | | | | | | | |
| 75a. Additional Taxonomy Code | | | | 75b.  Add  Remove | | | | | | | |
| 76a. Additional Taxonomy Code | | | | 76b.  Add  Remove | | | | | | | |
| 77a. Additional Taxonomy Code | | | | 77b.  Add  Remove | | | | | | | |
| SECTION IX – SUBPART NPI INFORMATION (For Hospital Providers Only)  IMPORTANT  Hospital providers may have identified subparts for their organization and obtained an NPI for those subparts. ForwardHealth programs do not separately enroll some hospital subparts such as psychiatric and rehabilitation units; however, the NPI and taxonomy codes of those subparts will be linked to the enrolled inpatient or outpatient hospital provider file. This enables providers to conduct business with ForwardHealth using NPIs for subparts that ForwardHealth programs do not separately enroll.  Enter the NPI and taxonomy code for the subpart(s) of the hospital and indicate whether to add or remove the information. | | | | | | | | | | | |
| 78a. Subpart NPI | 78b. Taxonomy Code | | | | | | 78c.  Add  Remove | | | | |
| 79a. Subpart NPI | 79b. Taxonomy Code | | | | | | 79c.  Add  Remove | | | | |
| 80a. Subpart NPI | 80b. Taxonomy Code | | | | | | 80c.  Add  Remove | | | | |
| 81a. Subpart NPI | 81b. Taxonomy Code | | | | | | 81c.  Add  Remove | | | | |
| 82a. Subpart NPI | 82b. Taxonomy Code | | | | | | 82c.  Add  Remove | | | | |
| AUTHORIZED SIGNATURE INFORMATION (Required) | | | | | | | | | | | |
| 83. SIGNATURE — Provider (Required) | | | | | | | 84. Date Signed (Required) | | | | |
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| For Administrative Use Only | | | | | | | | | | | |
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