

**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.

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)			
<input type="checkbox"/> HDAP <input type="checkbox"/> WCDP <input type="checkbox"/> 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	



SECTION II – PROVIDER FINANCIAL INFORMATION

Taxpayer Information

19. Taxpayer ID Number (TIN)		20. Name – Taxpayer	
21. TIN Type <input type="checkbox"/> Employer ID Number <input type="checkbox"/> 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) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Russian <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date _____			
71. Is the provider Medicare Part B enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> 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. _____ <input type="checkbox"/> Remove old primary taxonomy code from file. <input type="checkbox"/> Keep old primary taxonomy code on file as additional code.	
73a. Additional Taxonomy Code	73b. <input type="checkbox"/> Add <input type="checkbox"/> Remove
74a. Additional Taxonomy Code	74b. <input type="checkbox"/> Add <input type="checkbox"/> Remove
75a. Additional Taxonomy Code	75b. <input type="checkbox"/> Add <input type="checkbox"/> Remove

76a. Additional Taxonomy Code	76b. <input type="checkbox"/> Add <input type="checkbox"/> Remove
77a. Additional Taxonomy Code	77b. <input type="checkbox"/> Add <input type="checkbox"/> 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. <input type="checkbox"/> Add <input type="checkbox"/> Remove
79a. Subpart NPI	79b. Taxonomy Code	79c. <input type="checkbox"/> Add <input type="checkbox"/> Remove
80a. Subpart NPI	80b. Taxonomy Code	80c. <input type="checkbox"/> Add <input type="checkbox"/> Remove
81a. Subpart NPI	81b. Taxonomy Code	81c. <input type="checkbox"/> Add <input type="checkbox"/> Remove
82a. Subpart NPI	82b. Taxonomy Code	82c. <input type="checkbox"/> Add <input type="checkbox"/> 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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