

Please submit all requested information to prevent delays in claims processing.

Massachusetts Providers:	New Hampshire Providers:
You must submit this completed form and a copy of your W-9 via fax to 617-897-0818 or via e-mail to <u>Provider.ProcessingCenter@wellsense.org</u> .	You must submit this completed form and a copy of your W-9 via fax to 866-779-5948 or via e-mail to <u>NHProvider.Enrollment@wellsense.org</u> .

Date of Request	Referral/Auth. #	
Requested By	Department:	
Member Name	WellSense Member ID:	
Member Plan	Ш	
Are you in the process of contracting? $\Box$ Yes $\Box$ No		

### **Provider Information**

Please complete all applicable fields below. If the provider information is not complete, it will delay the processing of this request.

Entity		Practitioner	□ Facility	□ Group
Provider Name:				
Provider NPI#:				
Provider Title (i.e. MD, DMO, PA):				
Group Name (if applicable):				
Provider's SSN			License #	
Provider's DOB			Specialty	
NH Medicaid ID			Gender	
Email Address				dress is required to ation so that you may

#### **Primary Practice**

# Non-Participating Provider Activation Form



Physical address where members will be receiving their service, P.O. Box is not accepted.

Address Line 1	Address Line 2	
City	State	Zip code
Office Contact	Office Phone	Office Fax

## **Billing Information**

**Billing name** 

Address Line 1	Address Line 2	
City	State	Zip code
Billing contact	Phone	
Tax ID	Fax	

## Please Attach Copy of W-9 Form

Comments (Include here)

Providers may not bill or balance-bill New Hampshire Medicaid members for any covered service. In addition, non-contracted providers treating members of WellSense Health Plan must obtain prior-authorization prior to delivering services to our members. WellSense Health Plan prior authorization forms can be found on the Provider Page of our website at <u>wellsense.org</u>. You may also contact the Pre-Authorization team by phone at 800-900-1451, Option 3. Failure to obtain prior authorization may result in a denial of your claim.