

Non-Participating Provider Activation Form



You must submit this completed form and a copy of your W-9 via fax to 866-779-5948 or via e-mail to NHProvider.Enrollment@wellsense.org. If you do not, this will cause a delay in the processing of your claims.

Date of Request	Referral/Auth. #
Requested By	Department:
Member Name	WellSense Member ID:
Member Plan	"

Are you in the process of contracting? Yes 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	Your e-mail address is required to receive notification so that you may submit claims.

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Primary Practice

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 [wellsense.org](https://www.wellsense.org). 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.