MISSISSIPPI Physicians Care NETWORK **Change Networks. Not Doctors**.

MPCN Provider Registration/Update Form

Section 1: Current Information (Required for all updates)

Please attach W9 for all Tax ID and Group NPI updates

Practitioner Name:_____

Practitioner Individual NPI:_____

Individual Medicaid ID:_____ Individual Medicare ID: _____

Specialty:_____ PCP: ◯ Yes or ◯ No

Credentialing/Office Manager Name:_____

Email: _____ Phone:_____

Credentialing address:_____

Section 2: Type of Update – Check All that Apply

☐ Practitioner Name Change
☐ Practice Location Add/Update
☐ Billing Change
☐ Location Termination
☐ Tax ID/GNPI Addition (W-9 Required)
☐ Other Changes

Effective Date of Change: _____

Section 3: Practitioner Name Change – Attach updated Medical License & supporting documents

New Name: _____
Last, First Middle Suffix

Section 4: Location Term

Term Address: _____
City, State Zip code

Tax ID of termed Address_____

Mississippi Physicians Care Network
PO Box 1530, Ridgeland MS 39158
Phone: 601-605-4756 Fax: 601-605-4753

MISSISSIPPI Physicians Care NETWORK **Change Networks. Not Doctors**.

Section 5: Location Addition/Update

☐ Add New Location	☐ Update Existing Location

Provider Name (as listed on attached W-9) _____

Clinic DBA Name: _____

Tax ID_____ Group NPI_____

Office Phone_____ Office Fax_____

Physical Address_____

_____

Billing Address_____

_____

Mailing Address_____

_____

Additional Locations: Please complete for each physical location. Make copies if necessary.

Provider Name (as listed on W-9)_____

Clinic DBA Name: _____

Tax ID_____ Group NPI_____

Office Phone_____ Office Fax_____

Physical Address_____

_____

Mailing Address_____

_____

Billing Address_____

_____

Mississippi Physicians Care Network
PO Box 1530, Ridgeland MS 39158
Phone: 601-605-4756 Fax: 601-605-4753