



MD Claims, Inc.

2622 Coventry Road, Columbus, OH 43221

Phone: (614) 488-9525 Fax: (614) 485-9403

E-mail: Mike@mdclaims.cc

Provider Enrollment Form

Practice Tax ID			NPI Group #		
Practice Name			Specialty		
Remittance Address			Service Address (if different)		
City	State	Zip	City	State	Zip
Telephone #			Fax #		
Contact Name			Email Address		

	PROVIDER #1	PROVIDER #2	PROVIDER #3
Last Name & Title			
First Name & Middle Initial			
Social Security #			
Medicare Pin #			
Medicare Group #			
Medicaid Pin #			
Medicaid Group #			
RR Medicare Pin #			
RR Medicare Group #			
BWC Pin #			
BWC Group #			
NPI #			