

# Provider and Facility Enrollment Form

Check *one*  **New**       **Change**       **Termination**

Check *all* that apply     **BC3NP**       **WISEWOMAN**

Check *all* that apply     **Facility**       **Enrollment Site**

**Instructions:** This form needs to be completed for each Provider and/or Facility that participates in the BC3NP and WISEWOMAN - including local health departments and sub-contracted providers. All **bolded** fields must be completed.

Billing information **must** be on file with the [State of Michigan Budget Office Vendor Self-Service](http://www.michigan.gov/SIGMAVSS) (VSS) ([www.michigan.gov/SIGMAVSS](http://www.michigan.gov/SIGMAVSS)). For more information regarding VSS, call 517-636-5270.

## Provider/Facility Information

<b>* Federal Tax ID</b> (9 digits)									and	<b>NPI</b> (10 digits)								
<b>* Name</b> as you would like it to appear in MBCIS (Example: John A Smith, MD <b>OR</b> Smith Pathology, PC)																		
<b>Address</b> (physical address)												Suite Number or P.O. Box Number						
<b>City</b>						<b>* County</b>						<b>* State</b>			<b>Zip Code</b>			
Phone Number with area code						Phone Extension			Fax Number with area code									

## Billing Contact Information to Receive Payment Detail Reports (EOBs)

Does the Provider use a **clearinghouse** for **electronic submission** of claims?     NO     YES

If yes, please provide clearinghouse name.

<b>* Contact Name</b> (1)				<b>Contact Email Address</b> (1)					
<b>Phone Number</b> with area code (1)				Phone Extension		<b>* Fax Number</b> with area code (1)			
<b>* Contact Name</b> (2)				<b>Contact Email Address</b> (2)					
<b>Phone Number</b> with area code (2)				Phone Extension		<b>* Fax Number</b> with area code (2)			
<b>LCA Information</b>		<b>** LCA ID</b>		<b>** Billing Start Date</b>		<b>Termination Date</b>		<b>** LCA Coordinator Signature:</b>	

**\*\* Please remember to include your LCA ID, Billing Start Date, and LCA Coordinator Signature \*\***

## SIGMA Information *to be filled out by MDHHS Staff*

<b>* SIGMA Vendor ID</b> (9 digits)									<b>SIGMA Address ID</b>				<b>MBCIS Provider ID</b>				

**LCA:** Please save and send completed forms to MDHHS Cancer Section via Fax (517-763-0290) or email ([MDHHS-MBCIS@michigan.gov](mailto:MDHHS-MBCIS@michigan.gov)).