**South Carolina Health & Human Services**

 **Emergency Response Provider Registration**

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| **I am registering a provider who is serving South Carolina Medicaid beneficiaries:** |
| **In another state** | [ ]  **Name state:** |
| **In South Carolina, as a provider licensed in South Carolina**  |[ ]
| **In South Carolina, as a visiting provider licensed in another state**  | [ ]  **Name state:** |
| **Medicare and Other State Medicaid/CHIP Information:** |
| **Are you currently enrolled in Medicare? Yes No****If yes, enter your**Medicare ID number:  NPI number :  |
| **Are you currently enrolled in another state's Medicaid / CHIP? Yes No****If yes, enter your NPI and list the State of Medicaid/CHIP enrollment:**   Medicaid ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NPI number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Provider’s Name:** |
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| **Provider Type and Specialty:** |
| Provider Type: | Primary Specialty: | Primary Sub-Specialty: |
| **Primary Practice Address:** |
| Number & Street |
| Address 2 (suite number, etc.) |
| City | State | Zip Code/Postal Code |
| **Payment Address (if different from mailing address):** |
| Number & Street, PO Box or Route No. |
| City | State | Zip Code/Postal Code |
| **Provider Contact Person (Authorized Individual):** |
| Provider Contact Name | Telephone Number: | Telephone Number Extension |
| Email Address | Fax Number | Other Phone Number/ext. |
| **Federal Emp ID Number (SSN/EIN/TIN):** |
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