**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:** | | | |
|  | | | |
| **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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