* = Required Field

SmartCareMCO Provider Agency Request/Change Form (Page 1)

PartnerSolutions
PartnerSolutions.org

Instructions: This form must be used to create, terminate, or otherwise modify the existence of a provider agency in SmartCareMCO as administered by PartnerSolutions. Please note that no provider agency may be created, terminated, or modified without the proper documentation and required signature. The completed form should be emailed as an attachment to SmartCareSupport@STARKMHAR.org.

Approval of this form does not authorize, modify, or grant access to SmartCareMCO. SmartCareMCO Provider Account Request/Change Forms must be used to request or change authorized user access.

*Board Name | *Date Requested | *Form Type

REQUESTER CONTACT INFORMATION

*First Name | Middle Name | *Last Name | Suffix

*Phone No. | *Fax No. | *Email Address

BILLING PROVIDER INFORMATION

Instructions: Entering at least one NPI number is **REQUIRED**. (Note: If your Provider Agency does not have a UPI number, "X" the No UPI checkbox and skip all other UPI and NPI fields. Entering at least one Tax ID number is still **REQUIRED**.)

☐ No UPI

*Provider UPI #1	Mental Health NPI #1	Substance Use Disorder NPI #1	*Tax ID #1
Provider UPI #2	Mental Health NPI #2	Substance Use Disorder NPI #2	Tax ID #2
Provider UPI #3	Mental Health NPI #3	Substance Use Disorder NPI #3	Tax ID #3
Provider UPI #4	Mental Health NPI #4	Substance Use Disorder NPI #4	Tax ID #4

*Billing Provider Name | *Ownership Type | *Billing Effective Date

*Address 1 | Address 2

* City | *State (OH) | *ZIP | *County

*Phone No. | *Fax No. | *Security Category (See flowchart on Page 2 and instructions document)

REMITTANCE INFORMATION

Instructions: Complete this section only if it differs from the provided Billing Provider Information.

*Address 1 | Address 2

* City | *State (OH) | *ZIP | *County

* = Required Field

SmartCareMCO Provider Agency Request/Change Form (Page 2)

ADDITIONAL INFORMATION

Comments:

SIGNATURES

Signatures must be handwritten rather than electronically signed.

*Executive Director Signature

*Signature Date

SECURITY FLOWCHART