



Division of Medical Services
Medicaid Provider Enrollment Unit

P.O. Box 8105, Little Rock, AR 72203-8105
501-376-2211 Local and out of state · Fax: 501-374-0746 ·
1-800-457-4454 In state WATS



Practitioner Identification Number Request Form

Please check one of the following:

Physician Assistant (for EHR Incentive) [] Resident [] Other []

Practitioner Name (Please print)

NPI/Taxonomy Code (NPI required for Physician Assistant and Resident)

Social Security Number

Address

City State ZIP+4

County Phone Number (Include area code)

Residents Only Place of Residency Effective Date of Residency

Physician Assistants who apply to receive an EHR incentive payment must also complete a W-9 form and indicate below the FQHC or RHC primary facility with which they are associated:

FQHC or RHC facility

Note: We must have your original signature. A photo copied or stamped signature is unacceptable.

Practitioner's Signature

Date

Mail this completed form to:

Medicaid Provider Enrollment Unit
HP Enterprise Services
P.O. Box 8105
Little Rock, AR 72203-8105

