Provider Information Form

MEDICAL MUTUAL®

This form is imaged. Please print with black ink or fill in using Acrobat® Reader®
Please use additional forms for each Federal Tax Identification Number (TIN).

Info Effective Date _____

Check One: ☐ Add ☐ Delete | **Provider Type:** ☐ Practitioner ☐ Group ☐ Hospital/Institutional

Identification Information (Professional Providers Only)

NPI No.	Last Name	First Name	M.I.	Title (MD., etc.)

Primary Specialty	Secondary Specialty

If deleting a PCP, move members to	CAQH Number	Date of Birth

Service Location Information

TIN	Facility or Group Name

Street Address	City	State	Zip	County

Appointment Phone	Fax	Accepting New Patients	
			☐ Yes ☐ No

Organizational NPI (Group-Hospital/Institutional only)	Specialty

Service Location Information: ☐ PCP ☐ Specialist ☐ Group ☐ Hospital/Institutional ☐ Urgent Care ☐ Locum Tenen ☐ Hospital Based ☐ Floater/Covering Provider ☐ Telemedicine ☐ Hospitalist

Additional Service Location

Facility or Group Name, if different from above

Street Address	City	State	Zip	County

Appointment Phone	Fax	Accepting New Patients	
			☐ Yes ☐ No

Organizational NPI (Group-Hospital/Institutional only)	Specialty

Service Location Information: ☐ PCP ☐ Specialist ☐ Group ☐ Hospital/Institutional ☐ Urgent Care ☐ Locum Tenen ☐ Hospital Based ☐ Floater/Covering Provider ☐ Telemedicine ☐ Hospitalist

Additional Service Location (Please complete another form for any additional locations.)

Facility or Group Name, if different from above

Street Address	City	State	Zip	County

Appointment Phone	Fax	Accepting New Patients	
			☐ Yes ☐ No

Organizational NPI (Group-Hospital/Institutional only)	Specialty

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Remittance Address Information

Reimbursement Name (Legal Name on W-9)

Street Address/ PO Box

City	State	Zip	Reimbursement Phone	Reimbursement Fax

Additional comments/reason for submitting form

Office Manager or Administrator	Phone	Email Address	Today's Date

Provider Information Form Instructions

1. This form must be completed when changing, adding or modifying any provider information as requested on this form. Providers who wish to apply for the SuperMed® network should contact their Provider Contracting representative for the appropriate forms. Please see section 6 below for a listing of the SuperMed network Provider Contracting Offices

2. Please fill out the form completely and legibly. Incomplete forms will be returned unprocessed.

3. Please complete one form per transaction. For example, if you are moving from one location to another, complete one form to "add" the new address and complete another form to "delete" the old address location.

4. If you are closing your practice to new members (or reopening a closed practice), please complete the form and mark the correct "yes" or "no" box in the field marked "Accepting New Patients."

5. Please return completed forms to your appropriate regional office.

Provider Contracting Offices

Northeast Ohio
(Cleveland Office)
MZ: 01-5B-3850
100 American Road
Cleveland, OH 44144-2322
Fax: (216) 687-7994
Phone: (800) 625-2583
Email: NEOHContracting@MedMutual.com

Central/Southeast Ohio
(Columbus Office)
MZ: 09-7502
545 Metro Place South, Suite 430
Dublin, OH 43017
Fax: (614) 621-4578
Phone: (800) 625-2583
Email: CentralOHContracting@MedMutual.com

Northwest Ohio
(Toledo Office)
MZ: 25-3845
9848 Olde Highway US 20
Rossford, OH 43460-1722
Fax: (419) 595-6200
Phone: (800) 625-2583
Email: NWOHContracting@MedMutual.com

Southwest Ohio
(Cincinnati Office)
MZ: 05-7502
9050 Centre Point Drive, Suite 225
West Chester, OH 45069
Fax: (513) 684-8121
Phone: (800) 625-2583
Email: SWOHContracting@MedMutual.com

Behavioral Health and Ancillary
MZ: 02-1B-3826
100 American Road
Cleveland, OH 44144-2322
Fax: (216) 687-1450
Phone: (800) 625-2583
Email: BHNetwork@MedMutual.com,
AncillaryNetwork@MedMutual.com

If you are not sure which Provider Contracting office to call, visit MedMutual.com/Provider, Contact Us to determine which regional office supports your county.

6. For large groups interested in submitting this information electronically, please contact your Provider Contracting Representative for file specifications.