

South Carolina Health & Human Services Emergency Response Provider Registration

I am registering a provider who is serving South Carolina Medicaid beneficiaries:		
In another state	<input type="checkbox"/> Name state: _____	
In South Carolina, as a provider licensed in South Carolina	<input type="checkbox"/>	
In South Carolina, as a visiting provider licensed in another state	<input type="checkbox"/> Name state: _____	
Medicare and Other State Medicaid/CHIP Information:		
<p>Are you currently enrolled in Medicare? Yes No If yes, enter your Medicare ID number: _____ NPI number : _____</p>		
<p>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: _____</p>		
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):		