



EDI Enrollment Affiliated Provider List



This template must be submitted with an [EDI Enrollment \(8292\)](#) or [SPOT Enrollment \(8292P\)](#) form and should ONLY contain related group or solo provider information. **Individual or rendering providers within a group should not be listed.**

Each provider listed will be setup as requested on the accompanying enrollment form.

All fields marked with * are required and must be completed.

#	Group/Solo Provider Name	Group/Solo Provider Transaction Access Number (PTAN)	Group/Solo National Provider Identifier (NPI)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Reminder: This list must be submitted with an enrollment form and all providers listed will be setup per the accompanying form. This list should not include any rendering provider information.

*Required Signature and Submitter Information

*Written Signature of Person Submitting Enrollment: (add after you print the form)	*Date (mm/dd/yyyy):
*Printed Name of Person Submitting Enrollment:	*Printed Title of Person Submitting Enrollment:
Telephone number:	Fax number:
*Email Address:	