



## 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:   |   |