



Entity Provider Roster Addendum

Optum is required to collect disclosure of ownership, controlling interest and management information from providers that participate in the Medicaid and/or the Children's Health Insurance Program (CHIP) managed care network pursuant to state and federal regulations managing a federal health care program as set forth by 42 Code of Federal Regulations §455.

Please complete and return the form as requested.

Provider's First Name, Middle Initial and Last Name:			SSN:	
Date of Birth:	Individual NPI #:		Medicaid ID: (N/A or Applied for is Acceptable)	
Group Name:		Federal Tax ID #:		Group NPI #:
Group Physical Address (Street, City, State, Zip):				Group Phone #:

Contact Signature:

Title:

Date:

Contact Printed Name:

Contact Phone #:

Contact Email Address: