

# Group/Clinic Patient 1<sup>st</sup> Update Form

This form is for group providers that are currently enrolled in the Patient 1<sup>st</sup> program under the group's NPI number and would like to update their provider panel; **or** for individual providers adding mid-level extenders to their panel.

Each provider must be currently enrolled in the Medicaid program with your group; must work a minimum of 4 hours per week; and the physician must have a specialty of Family Practice, General Practice, Pediatrician, OB/GYN or General Internist to be eligible for Patient 1<sup>st</sup>. Mid-level extenders can only be counted once in a caseload maximum and there must be no more than 2 mid-level extenders per physician.

This form can be faxed to Provider Enrollment at: 334 215-4298.

Group/Individual Name \_\_\_\_\_ NPI: \_\_\_\_\_

Add provider \_\_\_\_\_

Remove provider \_\_\_\_\_

| <i>Name</i> | <i>NPI Number</i> | <i>Medicaid ID Number</i> | <i>Hours worked per week</i> | <i>Indicate if Physician or CRNP/PA</i> |
|-------------|-------------------|---------------------------|------------------------------|---|
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Caseload: amount \_\_\_\_\_  
 (See Chapter 39.2 of the provider manual for allowed maximums and guidelines.)

PMP Signature: \_\_\_\_\_