

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

This form is for physicians that are currently enrolled in the Patient 1<sup>st</sup> program and would like to update their provider panel. (Note: a disenrollment form is required to close the provider's Medicaid file. This form only refers to Patient 1<sup>st</sup> updates.)

**Mid-Level Extender Requirements:**

- The physician must be the mid-level extender's collaborating physician.
- The extender must be currently enrolled with the same practice and at the same locations as the physician.
- A mid-level extender can only be counted once towards any caseload maximum.
- A physician is limited to only 2 mid-level extenders.

Physician Name \_\_\_\_\_ NPI: \_\_\_\_\_ MCD \_\_\_\_\_

Hours per week worked at this location \_\_\_\_\_

Add mid-level extender \_\_\_\_\_ Remove mid-level extender provider \_\_\_\_\_

| <i>Name</i> | <i>NPI Number</i> | <i>Medicaid ID Number</i> | <i>Hours worked per week</i> | <i>Indicate if CRNP or PA</i> |
|-------------|-------------------|---------------------------|------------------------------|-------------------------------|
|             |                   |                           |                              |                               |
|             |                   |                           |                              |                               |
|             |                   |                           |                              |                               |
|             |                   |                           |                              |                               |
|             |                   |                           |                              |                               |

**Caseload:** increase caseload amount \_\_\_\_\_ decrease caseload amount \_\_\_\_\_  
 (See Chapter 39.2 of the provider manual for allowed maximums and guidelines.)

Add panel hold \_\_\_\_\_ Remove panel hold \_\_\_\_\_

Change age criteria \_\_\_\_\_

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PMP Signature \_\_\_\_\_ Date \_\_\_\_\_

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