



## 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: