

Managed Long-Term Care (MLTC) Medicaid



Please complete the form in its entirety. If a field/section does not apply, write "N/A".
Attach additional information on separate sheets as needed.

The completed form can be submitted:

- Online: <https://nascentiahealthoptions.org/provider-info/contact-information-update-form/>
- Email: providerrelations@477home.org
- Fax: 315.671.5129
- Mail: Nascentia Health Options
Attn: Provider Relations Department
1050 West Genesee Street
Syracuse, NY 13204-2215

Questions: Call 315.477.9820

Contact Information Update Form

General Information

Name:					
Street Address:					
City:		State:		Zip Code:	
County:					
Phone:	()				

Location Information

Contact Information (include name, title, phone and email):	
Compliance:	

Contracts:

Credentialing:

Scheduling:

Billing:

If your facility uses a third-party billing agency, please provide the legal name and address below:

Billing Format and
Forms Used:

(i.e. UB-92, HCFA-1500)