

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/general-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

General Information Update Form

General Information

Name:					
Street Address:					
City:		State:		Zip Code:	
County:					
Phone:	()	Fax (for authorizations):	()		
Billing Address:					
City:		State:		Zip Code:	
County:					
Phone:	()	Fax (for authorizations):	()		

Location Information

Please indicate counties serviced by main address location:

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Address and Phone Number of Branch or Satellite Offices (with counties serviced):

1.	
2.	
3.	
4.	
5.	

Operating Hours: Please list hours (a.m. and p.m.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							