

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://nascentiahealth.org/managed-long-term-care-plan/provider-information/general-information-update-form/>
- Email: providerrelations@nascentiahealth.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

Legal Provider Name:			
Street Address:			
City:	State:	Zip Code:	
Phone: (Include area code)	Fax (for authorizations): (Include area code)		
Billing Address:			
City:	State:	Zip Code:	
Phone: (Include area code)	Fax (for authorizations): (Include area code)		

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:

Effective date for this change: