

# 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](mailto: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:	( )	Fax (for authorizations):	( )			
Billing Address:						
City:		State:		Zip Code:		
Phone:	( )	Fax (for authorizations):	( )			
Tax ID (EIN) #:						
Medicaid Provider Number:						
Medicare Certification:		Yes		No	N/A	
Medicare Provider Number:			NPI #:			
Electronic Visit Verification Software <i>(required for FI and Home Care providers):</i>						
If your facility has more than one NPI #, please list the NPI # and the facility name below:						
NPI #:		Facility Name:				
NPI #:		Facility Name:				

NPI #:

Facility Name:

License/Facility Operating Certificate#:

## Location Information

Please indicate counties serviced by main address location:

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:

Authorized Representative Signature:

Authorized Representative Printed Name:

Authorized Representative Title:

Date: