

# 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/contact-information-update-form/>
- Email: [providerrelations@477home.org](mailto: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) 477-9280

## Contact Information Update Form

### General Information

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

### 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)