



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
New Hampshire Medicaid Program**

Required Enrollment Documents to Upload with Application

Non-Billing Provider App – Rendering or ORP Provider (ex: Physician):

- Provider Participation Agreement (PPA; rev March 2020) signed and dated
- Signature Page signed and dated
- Copy of License or License verification page
- Copy of NPI Verification Page

Billing Provider App - Group (ex: Physician Group):

- Provider Participation Agreement (PPA; rev March 2020) signed and dated
- Signature Page signed and dated
- Copy of NPI Verification Page
- W9 with Tax ID/FEIN – signed
- IRS Tax ID/FEIN verification – ex: correspondence with IRS seal on it

Billing Provider App - Facility or Entity Provider (ex: Hosp, Nursing Home, DME):

- Provider Participation Agreement (PPA; rev March 2020) signed and dated
- Signature Page signed and dated
- Copy of Facility License or CLIA (labs)
- Copy of NPI Verification Page
- W9 with Tax ID/FEIN – signed
- IRS Tax ID/FEIN verification – ex: correspondence with IRS seal on it

Billing Provider App - Individual Provider (Sole Proprietor billing under SSN):

- Provider Participation Agreement (PPA; rev March 2020) signed and dated
- Signature Page signed and dated
- Copy of License or License verification page
- Copy of NPI Verification Page
- W-9 with SSN - signed
- Proof of SSN: ex: copy of SSN Card or notarized letter signed by provider

Additional Forms if Applicable to your Billing Enrollment:

Electronic Funds Transfer (EFT) Enrollment:

- EFT Agreement Form
- EFT Application Form
- Bank Letter or copy of voided check

3rd Party Biller/Trading Partner – Billing Agent/CH:

- Electronic Remittance Advice (ERA) Application (Required for 835 Transactions)
- Billing Agent Agreement Form
- Trading Partner Signature Page

Trading Partner Self – Using EDI Software:

- Electronic Remittance Advice (ERA) Application, (Required for 835 Transactions)
- Trading Partner Signature Page