Entity Provider Roster Addendum

Optum is required to collect disclosure of ownership, controlling interest and management information from providers that participate in the Medicaid and/or the Children's Health Insurance Program (CHIP) managed care network pursuant to state and federal regulations managing a federal health care program as set forth by 42 Code of Federal Regulations §455.

Please complete and return the form as requested.

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Provider's First Name, Middle Initial and Last Name:			SSN:
Date of Birth:	Individual NPI #:	Medicaid ID: (N/A or Applied for is Acceptable)	
Group Name:	Federal Tax ID #:	Group NPI #:	
Group Physical Address (Street, City, State, Zip):		Group Phone #:	

Contact Signature _____ Title _____ Date _____

Contact Printed Name _____ Contact Phone # _____ Contact Email Address _____