Associated Providers List

Nevada Medicaid Provider Group Enrollment Information

Group Provider Name: _____

Group Provider National Provider Identifier (NPI):_____

List the individual name, email address, phone number and NPI for each individual provider to be affiliated with the above group. The list of providers must match the application. Each individual provider listed below must be enrolled with Nevada Medicaid or have already submitted their completed enrollment application. Original signatures are required for each individual being linked to the above group. Additional pages may be used if necessary. This completed Associated Providers List must be consistent with the information listed on the application, and must be uploaded with the original submission in order for your application to be considered complete.

Individual Provider Name Email Address and Phone Number	NPI	Provider Signature

Individual Provider Name Email Address and Phone Number	NPI	Provider Signature