

Ohio Health Choice National Provider Identifier Submittal Form

Provider Name _____

Group Name _____

Specialty _____

Tax Identification Number _____

Individual Provider NPI _____

Group Provider NPI _____

Primary Address _____

Contact Name _____

Contact Business Title _____

Contact Phone Number _____

Contact Email Address _____

Please email, fax or mail form back to:

**Ohio Health Choice
P.O. Box 2090
Akron, Ohio 44309
Attn: Provider Data Management**

**Fax: 330-996-8201
Email: contactus@ohiohealthchoice.com**

**For questions regarding your NPI number call 800-554-0027
For multiple individual providers, please submit on a separate page.**