



Confidential

1617 Sherman Ave.  
Madison, WI 53704  
(800) 963-0035  
Fax: (608) 245-3844  
www.carewisc.org

**Additional Practitioner Form**

To add an additional provider to one or more of your service locations, please complete the form below or attach a separate list of additional practitioners to be added, and include the following information for each practitioner:

	Practitioner 1	Practitioner 2	Practitioner 3	Practitioner 4
Practitioner Name				
Degree				
Specialty				
PCP (Y/N)				
NPI Number				
Medicaid Number				
Medicare Number				
License Number				
Print in Directory (Y/N)				
Accepting New Patients (Y/N)				
Location Name				
Location NPI				
Location Tax ID				
Effective Date at Location				

**Please return your completed application to our Provider Services Department:**

**By Fax: 608-245-3844 – Attn: PS Provider Updates**

**By Email: [pacs@carewisc.org](mailto:pacs@carewisc.org) – Subject: Additional Practitioner Form**

Questions? Please contact our Provider Services Department at 1-844-503-5072