



Confidential

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

NEW FACILITY AND/OR SERVICE LOCATION FORM

Please complete the form below for each location you would like added. If there is a Tax ID change, please include a W9.

Service Location form with fields for Location Name, Taxpayer Number, Street Address, City, State, Zip Code, County, Site Contact Name and Title, Site Contact Email Address, Site Phone Number, Site Fax Number, Wisconsin License Number, National Provider Identifier (NPI), Medicaid Number, Medicare Number, Pay Directly to this Address?, Print in Care Wisconsin Directory?, Do you have a Notice of Privacy Practices?, Billing Street Address, Billing City, Billing State, Billing Zip Code, Billing County, Biller NPI, Billing Contact Name and Title, Billing Contact Email Address, Billing Phone Number, Billing Fax Number, Handicap Accessible, Languages other than English spoken?, Where Care Wisconsin Authorizations are to be sent, Please List Services Provided, Please List Counties Served, Does your facility perform lab draws, Does the Owner Live in the Adult Family Home?, Populations Served.

If this organization has more locations to add, please attach additional pages or provider a roster.

Please return your completed application to our Provider Services Department:

By Fax: 608-245-3844 – Attn: Contracting Specialists
By Email: pscs@carewisc.org – Subject: Additional Location Form

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