



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT & COMPLIANCE
PROVIDER ENROLLMENT APPLICATION FOR ORDERING, PRESCRIBING OR
REFERRING (OPR) PROVIDERS QUESTIONNAIRE

Section I: Provider General Information

Provider Name:(Last, First):

NPI Number:

DEA Number (if applicable):

Provider Date of Birth:

Social Security Number:

Practice Address:

Mailing Address :

Telephone Number:

Fax Number:

Provider E-mail address:

Section II: License/Certification Information: List all professional licenses or certifications for all states, add additional pages if more space is needed

License Number	Issuing State	Effective Date	End Date

Section III: Medical Specialties

Physician Specialties If you are a physician, designate your specialties. Select specialties that apply. A physician must meet all federal and state requirements for specialties checked.

Specialty:

Other :

Non Physician Specialties: If you are a non-physician practitioner, check the appropriate box to indicate your specialty. Check only one. All non-physician practitioners must meet specific licensing, educational, and work experience requirements.

Specialty:

Other:

Section IV: Contact Person Information

If questions arise during the processing of this application, MMAC will attempt to contact you directly at the location listed in Section 1. If you are not available, you may designate a credentialing specialist or alternate contact person below.

Note: The contact person reported in this section will only be authorized to discuss issues concerning this application and enrollment as a provider with MO HealthNet.

Name:

Address:

Telephone Number:

Fax Number:

E-mail address:

Relationship or Affiliation to you: