



## IHCP Rendering Provider Tax ID/Date of Birth Maintenance Form

[in.gov/medicaid/providers](https://in.gov/medicaid/providers)

Practitioners who enroll with the Indiana Health Coverage Programs (IHCP) as Rendering Providers must include their Social Security number (SSN) as their taxpayer identification number (tax ID) and their date of birth as data elements in their IHCP Provider Profile. Rendering providers who enrolled before this requirement went into effect, or who used a group provider's tax ID for their IHCP enrollment, must update their profile with this information by submitting this paper form. Rendering providers cannot establish accounts on the IHCP Provider Healthcare Portal for online transactions without their SSN and date of birth on file.

### Next Steps

1. After completing this form, perform a quality check to ensure that all fields are completed and the form has been signed. The rendering provider's original signature is required.
2. Make a copy of the form for your records.
3. If you need additional maintenance forms, return to [in.gov/medicaid/providers](https://in.gov/medicaid/providers) and select another form.
4. Place all forms and any required documentation in an envelope.
5. Mail the maintenance forms and any required documentation to the following address:

**IHCP Provider Enrollment Unit**  
**P.O. Box 7263**  
**Indianapolis, IN 46207-7263**



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in.gov/medicaid/providers

**Rendering Provider Information**

- **A healthcare practitioner enrolled as a rendering provider must use a Type 1 National Provider Identifier (NPI)(with the exception of Area Agency on Aging Waiver and Clubhouse Providers), his or her personal name as the legal name, and his or her Social Security number as the tax ID on this form. The practitioner’s date of birth must also be provided.**
- By entering the rendering provider’s Social Security number, you are providing consent to the Indiana Family and Social Services Administration and its contractors to use the Social Security number for the sole purpose of verifying initial and continuing eligibility to participate in the Medicaid program with the Office of the Inspector General, the Centers for Medicare & Medicaid Services, licensing bodies, and other appropriate state and federal agencies.
- The provider type and primary specialty entered must be those associated with the IHCP Provider ID entered in field #2. Only one provider type code and one primary specialty code is permitted per form. A separate form is required to update the profiles associated with other IHCP provider type/primary specialty rendering provider enrollments. See the [IHCP Provider Enrollment Type and Specialty Matrix](#) at in.gov/medicaid/providers for a complete list of IHCP provider type and specialty codes.

1. Rendering provider’s name (please print):	
2. Rendering provider’s IHCP Provider ID:	3. Rendering provider’s NPI:
4. Rendering provider’s Social Security number:	5. Rendering provider’s date of birth:
6. Provider type (two-digit code):	7. Primary specialty code (three-digit code):

**Provider Signature Authorization**

*I, the undersigned, certify the information stated on this addendum is correct and complete to the best of my knowledge.*

**The rendering provider must sign this section.** The IHCP can process provider maintenance requests only when the appropriate signature is present. **The form will be returned if the appropriate signature is not submitted.**

8. Rendering provider’s name (please print):	
9. Rendering provider’s signature:	10. Date: