IDAHO DEPARTMENT OF HEALTH & WELFARE

Provider Record Update Workshop Registration Form

Complete both pages and then click **submit by email.** You will then see a pop up box with two choices.

- If you have a desktop email program such as Outlook, the form will be automatically attached to an outgoing email. Click send on the new email and your registration will be submitted to Idaho Medicaid.

- If you do not have a desktop email, you will need to save the file and open your Internet email account. The file will save in an XML format that will not look like the form if you open it. Create a new email to send to IDProviderEnrollment@unisys.com and attach the XML registration file that you saved. Click send and your registration will be submitted to Idaho Medicaid.

If you need additional assistance, or do not have an email account, please call Idaho Medicaid Provider Enrollment at (208) 373-1424 or toll free at (866) 686-4272 and press 0 to speak with a representative. You may also complete, print and fax the form to (877) 517-2041.

Name of Provider:

NPI / Medicaid ID:

Address:

City: State: Zip:

Phone number(s): ( ) - ( ) -

Provider Email:

Provider Type:

Provider Specialty:

Name of person attending the training session:

Last Name: First Name: Organization:

Email:

Phone number(s): ( ) - ( ) -

Select **Individual**:

Individual: If you are person who provides Medicaid services as an individual provider select from these lists.

*Mark your **first** choice for training:*

Time **Location**

Select One... Select One.....

*Mark your **second** choice for training:*

Time **Location**

Select One... Select One.....

Select **Other**:

Other: If you are representing a facility, agency, organization, or group of providers who provide Medicaid services select from this list.

*Mark your **first** choice for training:*

Time **Location**

Select One... Select One.....

*Mark your **second** choice for training:*

Time **Location**

Select One.... Select One.....

Select **Pharmacy**:

Pharmacy:

*Mark your **first** choice for training:*

Time **Location**

Select One... Select One.....

*Mark your **second** choice for training:*

Time **Location**

Select One.... Select One.....

*Check the **submit by email** button to send your registration.* Submit by Email