



Provider Network Participation Request Form

Provider Information											
Today's Date:	Provider Legal Name:	<input type="checkbox"/> Chain	<input type="checkbox"/> PSAO <input type="checkbox"/> Independent								
NCPDP/NPI Number:	Affiliate Code (i.e. Chain or PSAO):	Affiliate Name:									
Pharmacy Type: <input type="checkbox"/> Retail <input type="checkbox"/> Clinic <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Mail <input type="checkbox"/> Home Infusion <input type="checkbox"/> Long Term Care <input type="checkbox"/> IHS <input type="checkbox"/> 340B <input type="checkbox"/> Other _____											
Services Offered: <input type="checkbox"/> Compounding <input type="checkbox"/> DME <input type="checkbox"/> Mail <input type="checkbox"/> Specialty/Limited Distribution <input type="checkbox"/> Standard Pharmacy Services											
Pharmacy Address:		City:	State: Zip Code:								
Contact Name:	Email:	Phone:	Fax:								
Additional Information											
1. Does your pharmacy dispense medications to Medicare beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No											
2. Is your pharmacy located on a Federal Indian Reservation within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No											
3. Does your pharmacy dispense medications to Medicaid beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please provide your pharmacy's Medicaid ID with the associated state below:											
<table border="1"><thead><tr><th>State</th><th>Medicaid ID</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>				State	Medicaid ID						
State	Medicaid ID										
Signature Information											
Name of individual authorized to execute Agreement:	Title:	Email:									

Please submit the Provider Network Participation Request Form by phone, fax or email based on information below:

- Phone: 877-633-4701
- Email: independent.contracting@optum.com
- Fax: 844-305-2623