

## CONTACT FORM

### Employees Group Insurance Division

#### NAME OF PRACTITIONER OR GROUP

Business name

#### GENERAL INFORMATION

Tax ID number		Medicare number (if applicable)
NPI type I (individual)		NPI type II (organization)
Website (for publication)		Practice email (for publication)

#### OFFICE CONTACT INFORMATION

Contact name		Company
Phone	Extension	Email

Contact information will be utilized for all legal and contractual notices as defined in sections 12.2 of the Practitioner contract and 11.1 of the IHO and Facility contracts. A contact email address must be included. All notices will be sent electronically.

#### CREDENTIALING CONTACT INFORMATION

Contact name		Company
Phone	Extension	Email

The credentialing contact listed will have direct access to the provider contracting portal to make any necessary updates and changes.

#### ADDITIONAL CONTACT INFORMATION

Contact name		Company
Phone	Extension	Email

- ☐ Read-only access to the provider contracting portal.
- ☐ Direct access to the provider contracting portal to make any necessary updates and changes.

#### SIGNATURE AND DATE

Authorized signature	Date
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#### RETURN TO EGID BY EMAIL

Email: [EGID.NetworkManagement@ohca.ok.gov](mailto:EGID.NetworkManagement@ohca.ok.gov)