



To add an additional practitioner to one or more of your service locations, please complete the form below or attach a separate list of additional practitioners to be added, and include the following information for each practitioner:

	Practitioner 1	Practitioner 2	Practitioner 3	Practitioner 4
Practitioner Name				
Practitioner Email				
Degree/Credentials				
Specialty				
NPI Number				
Medicaid Number				
Medicare Number				
License Number				
Location Name				
Location Address, City State & Zip Code				
Location NPI				
Location Tax ID				
Effective Date at Location				
Name of Contact requesting this addition				
Contact Address, City, State & Zip Code				
Email address of requesting contact				

All fields on the Add Practitioner form must be completed or the form will be returned to the requesting contact

Please return completed Add Form and supporting documentation to:

By Email: Credentiaing@mychoicefamilycare.com
Subject: Add Request: (practitioner name)

or by Fax or USPS

Attn: Credentialing

Fax: 414.287.7704

Mail: 10201 West Innovation Drive
Suite 100 Wauwatosa, WI 53226-4822

Questions? Contact: Provider Credentialing

800.963.0035

Supporting Documentation must include the following:

Copy of proof of insurance

Background Information Disclosure (BID) Form

Caregiver Background Check (CBC) Report

CBC report **must** be obtained from <https://recordcheck.doj.wi.gov> by selecting "caregiver"

BID & CBC documents are not required for physicians