SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID

South Carolina Department of Health and Human Services
Emergency Response Provider Registration

Registering a Provider Serving South Carolina Medicaid Beneficiaries		
In another state:	☐	Name of state:
In South Carolina, as a provider licensed in South Carolina:	☐	
In South Carolina, as a visiting provider licensed in another state:	☐	Name of state:
Medicare and Other State Medicaid/CHIP Information		
Are you currently enrolled in Medicare? **If yes, enter your:** Medicare ID number: NPI number:		

Are you currently enrolled in another state's Medicaid/CHIP?
 If yes, enter your NPI and list the State of Medicaid/CHIP enrollment:
                  Medicaid ID number:
                  NPI number:		

If an individual provider, are you linked to a group? **If yes, please indicate Organizational NPI number:**		

Provider's Name

Provider Type and Specialty		
Provider Type:	Primary Specialty:	Primary Sub-Specialty:

Primary Practice Mailing Address		
Full Street Address:		
City:	State:	Zip Code:

Payment Address (if different from mailing address)		
Full Street Address:		
City:	State:	Zip Code:

Provider Contact Person (authorized individual)		
Provider Contact Name:	Telephone Number:	Telephone Number Extension:
Email Address:	Fax Number:	Other Phone Number:

Federal ID Number (SSN/EIN/TIN; please identify which number you are using)

Send completed form via fax or mail to SCDHHS Provider Enrollment
Fax Number: (803) 264-5913 ● Mail: PO Box 8809, Columbia, SC 29203