

Submission Form

National Provider Identifier (NPI)

Provider/Group Name: _____

| | Tax ID | NPI |
|-------------------|--------|-----|
| Individual | | |
| | | |
| Group #1 | | |
| Group #2 | | |
| Group #3 | | |

Primary Address _____

City _____ State _____ Zip _____

Phone Number _____

Completed by _____ Phone Number _____

Fax completed form to (330) 996 – 8877

For questions, contact Provider Support Services:

contactproviderservices@summacare.com

(800) 996 8401