# PED PROVIDER MASTER FILE INPUT DOCUMENT

**DOC#** **NO. OF PGS:**

**REVIEW DUE DATE:**

**RISK:Low** **PAGE# 1 of 1**

**Document Review and Approve Signatures**

| Analyst | Date | Reviewer | Date | Return | Supervisor | Date | Return |
|---|---|---|---|---|---|---|---|
| Comments: | | | | | | | |

**PMF Transaction Signatures**

| Technician | Date | Return | Status change update and review signature | Date | Return |
|---|---|---|---|---|---|
| Reviewer | Date | Return | Supervisor (optional) | Date | Return |
| Comments: | | | | | |

**ACTION REQUESTED:** **DOC TYPE:**

**PROV NUM:** **OWNR NUM:** **LOC NUM:** **PROV TYPE:**

**----------PSS059 OWNER SCREEN ----------**

LEGAL NAME: SOCIAL SECURITY NO: - -

EFF. BEGIN DATE: EFF. END DATE: LAST FISCAL MONTH: WARRANT:

FED EMP ID NO/ TIN:

TIN DATE: IRS UPDATE TYPE:

FACILITY /CLINIC BASED:

MEDICARE NO:

PROVIDER CROSS REFERENCE

SANCTIONS:

**----------PSS070 LOCATION SCREEN ----------**

BUSINESS NAME: TELEPHONE NO:

| | PAY-TO ADDRESS | SERVICE ADDRESS | MAIL TO ADDRESS |
|---|---|---|---|
| ATN: | | | |
| LN 1: | | | |
| LN 2: | | | |
| CTY: | | | |
| STATE: ZIP: | | STATE: ZIP: | STATE: ZIP: |

OUT OF STATE:

**----------PSS055 PROVIDER DETAIL SCREEN ----------**

APP DATE: PROV TYPE: PRACTICE: STAT. CODE:

STAT. EFF DATE:

CATEGORIES OF SERVICE (CATEGORY, BEGIN DATE, ENDDATE):

LIC. NO: LIC. EFF DT: CLIA NO:

SPEC PROC TYPE: PROVISIONAL ENROLL: RE ENR IND:

**----------PSS054----------**

LAB STAT: LAB EFF DT:

**----------PF3 PSS124 TAXONOMY CODES----------**

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**ACTION REQUESTED:** **DOC TYPE:**

**PROV NUM:** **OWNR NUM:** **LOC NUM:** **PROV TYPE:**

**----------PSS038 PHYSICIAN CERTIFICATION ----------**

| CODE | EFF DT |
|---|---|
| | |
| | |
| | |

**----------PSS039 NON-PHYSICIAN MEDICAL PRACTITIONERS ----------**

| NMP PROVIDER | LICENSE | TYPE | EFF DT | END DT |
|---|---|---|---|---|
| | | | | |
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**----------Groups PSS035/PSS036----------**

**ADD/DEL MEMBRS TO GRP SHFT-PF6(PSS036-GRP MEMBRS)**

| ACTION | PROVIDER | OWNER | PROV LOC | PROV TYPE | PRINT GROUP |
|---|---|---|---|---|---|
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