



**Provider Load Form**

Provider Name: \_\_\_\_\_ Title: \_\_\_\_\_

Specialty/Type: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

UPIN: \_\_\_\_\_

License Number: \_\_\_\_\_

NPI Number: \_\_\_\_\_

(If you have applied but have not received your NPI, please write "In Process" in the blank)

\*TN Medicaid Number: \_\_\_\_\_

(If you have applied but have not received your TN Medicaid Provider Number, please write "Applied" in the blank)

Payment cannot be rendered to any Provider without a TN Medicaid Provider Number. Apply for a TN Medicaid Provider Number at <http://www.state.tn.us/tenncare/Providers/enroll.html>.

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Please complete and Mail or Fax to:

VHP CommunityCare  
Attention: Provider Relations  
7100 Commerce Way, Suite 285  
Brentwood, TN 37027  
615-782-7884 phone  
615-782-7876 fax