# **Idaho Medicaid**

### Complete form and fax to:

**Eclaims** 

Attention: Enrollment Fax: 866-333-4596

## Blank forms may be copied.

Call LTC at (888) 941-8967 if you have questions.

### **Idaho Medicaid Enrollment Form**

# Complete form and fax to: EClaims, Inc. **Attn: Provider Enrollment** 866-333-4596 Call Lindsay Technical Consultants, Inc. (888-941-8967), if you have any questions. Billing (Group) Provider Name: Billing Tax ID: Billing (Group) NPI (if they have one): 1 Rendering Provider Name: Rendering Provider NPI: 2 Rendering Provider Name: Rendering Provider NPI: 3 Rendering Provider Name: Rendering Provider NPI: 4 Rendering Provider Name: Rendering Provider NPI: 5 Rendering Provider Name: Rendering Provider NPI: 6 Rendering Provider Name: Rendering Provider NPI: 7 Rendering Provider Name: Rendering Provider NPI: 8 Rendering Provider Name: Rendering Provider NPI: