

# Cover Sheet for Paper Applications

<p><b>Provider Name:</b> _____ (Either FirstName LastName or Business Name.)</p> <p><b>Enrollment Category:</b>    <input type="checkbox"/> In-State Provider    <input type="checkbox"/> Out-of-State Provider    <input type="checkbox"/> Non-Medicaid Provider</p> <p><b>Provider Type:</b> _____ (Indicate the provider type listed for the first service location in your enrollment application in the Service Location(s) section, Part B, #1.)</p> <p><b>NPI:</b> _____ (List the NPI if applicable to your enrollment.)</p> <p><b>FEIN:</b> _____</p> <p><b>SSN:</b> _____</p>	<p><b>Office Contact Name:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Email:</b> _____ (Use the format userid@domainname.com for the email address.)</p> <p><b>Primary Phone:</b> _____ (Include the area code for this phone number.)</p> <p><b>Secondary Phone:</b> _____ (Include the area code for this phone number.)</p>
---	--

Follow these instructions for completing this cover sheet:

1. In the box on the left, complete the following information about the provider, as indicated:
  - Write the provider's name in the Provider Name field. If the provider is an individual, write their name in the format FirstName LastName. If the provider is a business (such as a group or a facility), write the name of the business.
  - Choose the enrollment category that applies to the provider. Your choices are In-State Provider, Out-of-State Provider, or Non-Medicaid Provider.
  - In the Provider Type field, write the provider type you specified for the provider's first service location. You can find this information in the enrollment application, in the Service Location(s) section, Part B, #1.
  - If applicable, list the provider's NPI in the NPI field. If you are enrolling an atypical provider that does not have an NPI, you may leave this field blank.
  - Specify the provider's tax ID in either the FEIN field or the SSN field, as appropriate to the provider's business.
2. In the box on the right, complete the following information about the provider's office contact, as indicated. This information can be found in the Business Information section of the paper enrollment form.
  - Write the name of the office contact in the Office Contact Name field.
  - Optionally, specify the office contact's title (such as office manager or self).
  - If available, specify the office contact's email address.
  - Supply the primary phone number for the office contact.
  - Optionally, supply a secondary phone number.
3. After you have completed this cover sheet, place it on top of your completed, signed paper enrollment form and any supporting documents (such as copies of licenses, your provider agreement, and any other documents). Send the entire package of information to:

**MaineCare Provider Enrollment**  
**PO Box 1024**  
**Augusta, ME 04332-1024**