

## **Request for Out-of-Plan ID Number**

Providers who are not contracted with CarePartners of Connecticut can fill out the form below to request an out- of-plan ID number. Obtaining an out-of-plan ID number will allow noncontracting providers to submit claims electronically.

Please print all information. All information is required to process. Fax your request to Provider Information Department at 617.972.9044.

Provider name including suffix and credentials (NP, PA, LICSW, PhD, etc.):

Note:	
Type of Services/Specialty: 1)	2)
Medicare Participating: (Please check one) Ye	s □ No□
NPI of Provider:	
Practice Location:	
Practice Phone Number:	
Claims Payment Entity Name:	
NPI of Payment Entity:	
Payment Entity Address:	
Tax Identification Number for payment entity	
Contact Name:	Phone #:
Check here if you would like to subm	nit your claims electronically.
Current Clearinghouse:	
For questions concerning EDI submission of c 1.888.631.7002 extension 52994 or via emai	
	Assigned Legacy ID#
	(For CarePartners of Connecticut Use Only)
	1 Request for Out-of-Plan Legacy ID Number