



Division of Medical Services
Medicaid Provider Enrollment Unit

DXC Technology
P.O. Box 8105 Little Rock, AR 72203-8105
501-376-2211 In state WATS 1-800-457-4454 · Fax: 501-374-0746



PRACTITIONER IDENTIFICATION NUMBER REQUEST FORM

Please select one of the following:

- Physician Assistant NV (Include a W9 for the Individual)
Resident NU
Non-Independent Licensed Clinician (Include license) NW
Certified Behavioral Analyst Paraprofessional BP
QBHP NT
Personal Care Aide NT

Practitioner Name (Please print)

NPI/Taxonomy Code

Social Security Number Date of Birth

Physical Work Address

City State ZIP+4

County Phone Number (Include area code)

Mail to Address

City State ZIP+4

Phone Number (Include area code)

Individual Email Address

Residents Only Place of Residency Effective Date of Residency

Practitioner's Signature Date

Mail or Fax this completed form to:
Medicaid Provider Enrollment Unit
DXC Technology
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Little Rock, AR 72203-8105
Fax Number: 501-374-0746