

COUNTY REALIGNMENT PROVIDER SERVICE REQUEST FORM

Please complete all fields in this form before submitting.

Complete one form per site.

PROVIDER INFORMATION	BLADEN	HALIFAX	
Provider Name:			
Provider Billing Address:			
Provider Site Address:			
Contact Person:			
Contact Phone:		Contact Email:	
Provider NPI#:		Provider Tax ID:	
Provider Taxonomy #:			
Facility License Type:		Facility License #:	
Current Trillium Contractual Relationship:	Full Contract	Existing Single Case Agreement(s)	No Contract
Credentialed Status	Not Credentialed with Trillium Currently Credentialed with Trillium *Providers not credentialed with Trillium MUST submit Credentialing Information		
Provider Entity Type:	Agency	Group	License Independent Practitioner Hospital
Funding Source:	State Funded B3 Innovations	Medicaid	Innovation Waiver

SERVICES REQUESTED

- * Copy of current Eastpointe (Bladen County) or Cardinal Innovations (Halifax County) Contract must be submitted to Trillium.
- * Provider will receive confirmation of approval once contracts have been reviewed to confirm current services.
- * For Outpatient and E&M, please attach Clinician Information Sheet-- Affiliated Practitioner not credentialed with Trillium MUST submit a Credentialing Information

Service(s) Description: Example: (SAIOP)	Service Codes(s): Example (H0015)

