

RIte Share Co-Insurance and Deductible Only Adding Members to an Existing Group Enrollment Form

**Please note that completing this form is not necessary if you are already
an enrolled provider with RI Medicaid.**

Group Name			
Group NPI			
Group Tax ID Number			
Office Address	Street	Suite/Room	
	City	State	Zip
	Contact Name	Title	Phone

Mail to: Address	Street	Suite/Room	
	City	State	Zip
	Contact Name	Title	Phone

Group Member's Information*	Last Name	First Name	Middle Initial	Title
Group Member's Signature:				
	Sign			Date
NPI #:		Taxonomy:		SSN:

***Please enclose a copy of each member's license and NPI letter from NPPES**