

Provider Roster Template

Maintain core provider demographic, identification, specialty, location and payer participation information in one working roster.

Practice / Legal Name _____	TIN _____
Type 2 NPI _____	Roster Date _____

Provider Name	NPI	Specialty / Taxonomy	License State/#	Location	Start Date

Provider Name	Payer	Participation Status	Effective Date	Notes

Provider Name	Payer	Participation Status	Effective Date	Notes

Administrative resource only. Requirements vary by payer, program, state, specialty and organization. Verify current requirements with the applicable official source before submission. This resource is not legal, tax or clinical advice.