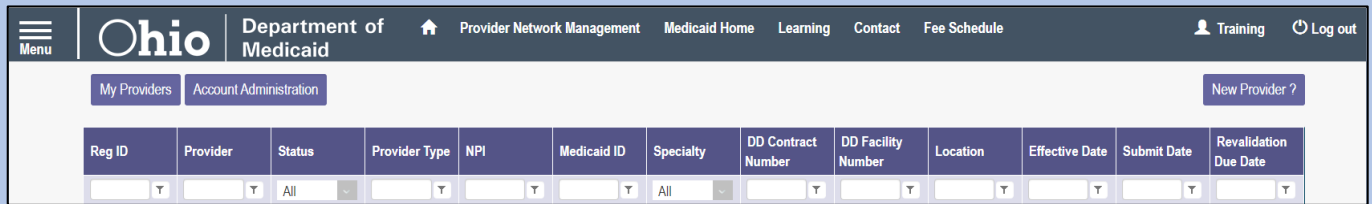


Quick Reference Guide: New Provider Application

Steps:

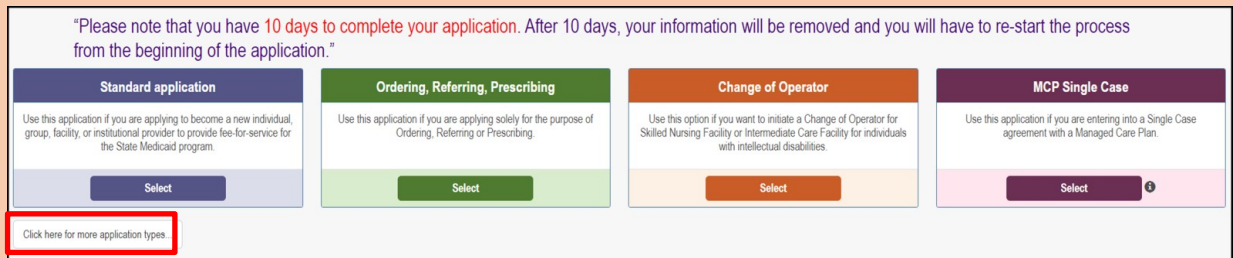
This guide lists the steps for enrolling as an Ohio Medicaid provider through PNM.
This is for providers who have NEVER been a provider with ODM, ODA, or DODD.

1



Once the dashboard is accessed, the input of Provider information can be initiated by clicking the **New Provider?** button.

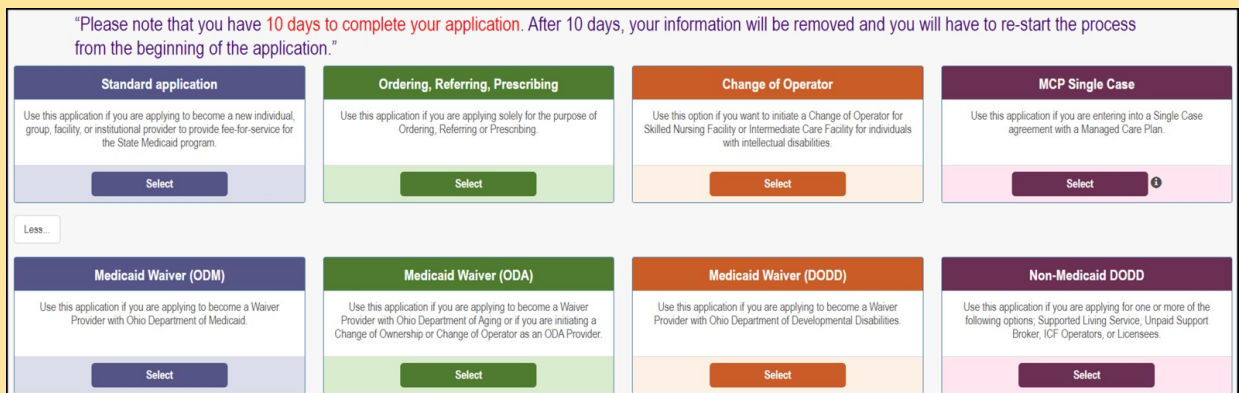
2



Click **Select** for the proper application type, based on the descriptions listed on the page.

Note: 10 days are allotted to complete the application. After 10 days, information will be removed.

3



If the application being applied for is not listed, select the **click here for more application types...** button (pictured in Step 2) to display additional options.

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4

Application Type: Standard application [Change](#)

Individual Group Organization Facility/Institution Pharmacy

After choosing the proper application, select the category that pertains to the business.

Note: Not all categories display under each application type.

5

Complete the provider details for the applicant. All items marked with an asterisk* are required fields and must be completed for the page to be saved. Once all information is completed, click **Save**.

Note: Depending on the category selected, different information may appear or be required. Complete the information on the selected screen after choosing a category.

Application Type: Standard application [Change](#)

Category*: Individual [Change](#)

Provider Type*:

First Name*:

Middle Name:

Last Name*:

Tax ID Type*: ☐ EIN ☒ SSN

Tax ID*:

Are you requesting retro coverage? ☐ What is this [?](#)

NPI*:

DD Contract Number (If Applicable):

Requested Effective Date*:

Gender*: ☐ Female ☐ Male ☒ Unknown

Date of Birth*:

Zip Code*:

Zip Code Extension*:

Save **Cancel**