

# JE Provider Outreach & Education Request Form



Noridian offers the opportunity for education targeted to the particular needs of each health care provider. Complete this form to only request specific education trainings. For questions specific to individual provider situations, call the Provider Contact Center at 1-855-609-9960.

## Provider Contact Information

Provider Facility Name: \_\_\_\_\_

PTAN/NPI Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Check appropriate box:  Web-based Training  Teleconference  In Person

Select the appropriate form used to bill Medicare claims:  UB04 for Part A  1500 Claim for Part B

Requested date(s) and time (Onsite education is based on availability):

Location of Event: City: \_\_\_\_\_ State: \_\_\_\_\_

Select the state you bill claims for:

Enter specialty type that best fits your facility:

Provide Detailed Reason for Education (Provide additional detailed information for the type of education being requested. Example: billing, coverage, speaker for meeting/conference):

***Your request will be processed and a Noridian Education Representative will be in contact with your organization within 10 business days.***

After completion of this form, click the "Save" button at the top and save to your desktop. Next, open a new email message, attach this form to the message and send to mac@noridian.com.

