

### COVID-19 Enrollment Roster

All fields are required. Please submit one enrollment per form (e.g., if Doctor X is joining three groups, they would need to submit one form for each group).

Start Date	
Tufts Health Plan Network Enrollment	
Group Legal Business Name	
Group Tax ID number	
Group PTAN	
Group NPI	
Provider First Name	
Provider Middle Initial	
Provider Last Name	
Provider Type (PCP, Specialist, etc)	
Speciality	
Date of Birth	
Social Security Number	
Provider NPI	
Practitioner License Number	
Facility Name	
Billing Address	
Billing City	
Billing State	
Billing Telephone Number	
Notes	