Providers who cannot submit the taxonomy codes within their claims as registered with the NCTracks system may request EDS to host those codes on their behalf by submitting the the below.

Insurance Carrier: **North Carolina Medicaid - payer ID CKNC1**

Print/Type the following:

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Type 2 NPI: _____
(if applicable)

Taxonomy Code associated to Type 2 NPI: _____
(if applicable)

Rendering Provider Information

Name	NPI – Type 1	Taxonomy Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

I authorize EDS to attach the above information to my North Carolina Medicaid claims and confirm it is the same as is registered within the NCTrack system.

_____   _____
Provider or Authorized Representative   Date