



Team Enrollment/Re-Enrollment Form

This form must be filled out for each CSCT Team. This form must be completed for existing teams by July 15, 2013, and for new teams from July 1, 2013 onward. **Xerox will enroll all new teams.**

National Provider Identification (NPI) _____

This will be the school or district NPI that the CSCT uses for billing.

Name of School District _____

This will be entered into the MMIS system as the Provider Last Name.

Name of School _____

This will be entered into the MMIS system as the Provider First Name.

Name of Mental Health Center _____

This will be entered into the MMIS system as the Address Line 1

Currently assigned team number

Pay-To Address/Main Address

Street Address of School or Billing Office

City _____ **Zip** _____

County _____

School Telephone _____ **School Fax** _____

Correspondence Address

Street Address of Mental Health Center _____

City _____ **Zip** _____

County _____

Send this form to:

Jaymie Larsen
Xerox State Healthcare, LLC
34 N. Last Chance Gulch, Suite 200
Helena, MT 59601
(406) 442-4402

Questions regarding this form should be address to:

Zoe Barnard at Children's Mental Health Bureau, at (406) 444-0941 or zbarnard@mt.gov.