

<b>OASIS ITEM:</b>
<b>(M0012) Agency Medicaid Provider Number:</b> _____
<b>DEFINITION:</b>
Agency's Medicaid provider number
<b>TIME POINTS ITEM(S) COMPLETED:</b>
SOC (Patient Tracking Sheet)
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"><li>• Enter the agency's Medicaid provider number, if applicable. If agency is not a Medicaid provider, leave blank. If there are fewer digits than spaces provided, leave spaces at the end blank.</li></ul>
<b>ASSESSMENT STRATEGIES:</b>
Agency administrator and billing staff can provide this information. This number may be preprinted on your clinical documentation (recommended).