

All fields in GREEN are required. Please send an email to providerdatarosters@allyalign.com to request an Excel roster template.

Fields	Examples
Group NPI	12345XX234
Group Name	Best Medical Group
Group DBA Name	Please enter DBA name if applicable
Group Tax ID	8465489XX
Group Effective Date	1/1/2021
Provider NPI	12345XX234
Provider Type	Enter "O" for Organization Enter "P" for Provider
Provider First Name	John
Provider Middle Name	
Provider Last Name	Doe
Provider Date of Birth	
Provider Gender	
Provider Social Security Number	
Provider Degree	
Provider Organization Name	
Provider Language	
Provider DEA Number	
Provider CCN	
Provider Medicare ID	
Provider CAQH	
Provider Note	
Internal Specialty Code	
Servicing Address Line 1	123 Simpson Ave
Servicing Address Line 2	
Servicing Address City	New York
Servicing Address State	NY
Servicing Address Zip Code	12345
Servicing Address Zip Code Extension	
Servicing Address Phone Number	123-456-7890
Servicing Address Phone Number Extension	
Servicing Address Fax Number	
Servicing Address Email Address	
Servicing Address Effective Date	1/1/2021
Servicing Address Termination Date	
Servicing Address Status	
Bed Count	
Specialty Type	
Provider Taxonomy	
Accepts New Patients Flag	For Yes enter "Y" For No enter "No"
Include in Directory Flag	For Yes enter "Y" For No enter "No"

Service Mode	
Provider Class ID	
Contract with Bonus Flag	
Delegated Credentialing Participation	For Yes enter "Y" For No enter "No"
Delegated Credentialing Flag	
Delegated Credentialing Group Name	Best Medical Group
Delegated Credentialing Audit Status	
Delegated Credentialing Approval Date	
Delegated Credentialing Audit Date	
Delegated Credentialing ReAudit Date	
Delegated Credentialing Next Audit Date	
To Be Credentialed Flag	
Credentialed Status	
Credentialed Date	
Provider Association Effective Date	Date that the Provider is associated with the Group
Provider Association Termination Date	
Provider Association Status	
Billing Address Contact Department	
Billing Address Contact Name	
Billing Address Contact Title	
Billing Address Line 1	123 Simpson Ave
Billing Address Line 2	
Billing Address City	New York
Billing Address State	NY
Billing Address Zip Code	12345
Billing Address Zip Code Extension	
Billing Address Phone Number	123-456-7890
Billing Address Phone Number Extension	
Billing Address Fax Number	
Billing Address Email Address	
Billing Address Effective Date	1/1/2021
Billing Address Termination Date	
Billing Address Status	
Mailing Address Contact Department	
Mailing Address Contact Name	
Mailing Address Contact Title	
Mailing Address Line 1	123 Simpson Ave
Mailing Address Line 2	
Mailing Address City	New York
Mailing Address State	NY
Mailing Address Zip Code	12345
Mailing Address Zip Code Extension	

Mailing Address Phone Number	
Mailing Address Phone Number Extension	
Mailing Address Fax Number	
Mailing Address Email Address	
Mailing Address Effective Date	1/1/2021
Mailing Address Termination Date	
Mailing Address Status	
CMS Specialty Code	