

FAMILYOFHEALTHPLANS

Currently participating in the AmeriHealth Caritas North Carolina (Medicaid) network

Please select all plans you would like to join:

- AmeriHealth Caritas North Carolina (Medicaid) plan  
 AmeriHealth Caritas Next (Individual and family health plans both on and off the exchange [ACA])

Date:

**Completed form and W-9 should be returned to your Account Executive or [ProviderRecruitmentNext@amerihealthcaritas.com](mailto:ProviderRecruitmentNext@amerihealthcaritas.com).**

**Specialty:**

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Primary care provider (PCP) | <input type="checkbox"/> Hospital | <input type="checkbox"/> Long-term care/Home- and<br>community-based services |
| <input type="checkbox"/> Specialist                  | <input type="checkbox"/> Dental   | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Ancillary                   | <input type="checkbox"/> Vision   |   |
| <input type="checkbox"/> Behavioral health           |                                   |   |

### Group or provider information

Legal entity name (W-9):

Tax ID number (TIN):

Group NPI:

CAQH number (if applicable):

Medicaid number:

Legal entity signatory:

Legal entity signatory title:

### Notice correspondence information

Legal notice mailing address, including contact name:

### Contact information for contract processing

Contact name:

Title:

Primary address:

Fax:

Taxonomy code:

Mailing address:

Check if primary address is the same as the mailing address.

Contact telephone:

Contact email: