

Provider Add/Change Form Please print clearly.



AmeriHealth Caritas®

Next

A product of AmeriHealth Caritas Indiana, Inc.

CURRENT PRACTICE INFORMATION

☐ Group practice ☐ Individual _____
Name

☐ Group practice ID ☐ Individual ID _____
AmeriHealth Caritas Next ID NPI number

Contact person name	Phone	Fax	Email
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Authorizing signature (physician/office manager). Change will not be completed without signature.	Today's date	Effective date of change
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PROVIDER CHANGE INFORMATION

Provide complete information. This request will be processed for AmeriHealth Caritas Next. If any of these changes result in a change on your W-9, you must submit a copy of your W-9 with this form. **Please note:** Providers must complete AmeriHealth Caritas Next credentialing before they will be added to your practice as participating providers. Refer to the AmeriHealth Caritas Next website for credentialing requirements:

www.amerihealthcaritasnext.com.

Type of change (check all that apply):

☐ Adding a practice ☐ Joining a practice ☐ Phone number change ☐ Other
☐ Adding an office location ☐ Changing an office location ☐ Open/closed panel (Attach documentation.)
☐ Fax change ☐ Name change only ☐ New or changing federal tax ID

PROVIDER GROUP INFORMATION

CURRENT OFFICE INFORMATION

AmeriHealth Caritas Next group provider ID NPI

Name _____

Street address

City _____ State _____ ZIP _____

NEW OFFICE INFORMATION, IF APPLICABLE

AmeriHealth Caritas Next group provider ID	NPI
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Name _____

Street address

City _____ State _____ ZIP _____

INDIVIDUAL PROVIDER INFORMATION

ADD PROVIDERS (New providers must complete AmeriHealth Caritas Next credentialing before they will be added as participating providers. Forms are available at www.amerihealthcaritasnext.com)

1. _____				_____		
Last	First	M.I.	Degree	NPI	MAID	CAQH number

2. _____				_____		
Last	First	M.I.	Degree	NPI	MAID	CAQH number

TERMINATE PROVIDERS (Please give AmeriHealth Caritas Next 60 days of advance notice when a provider is leaving the group.)

1. _____

Last	First	M.I.	Degree	NPI

2. _____

Last	First	M.I.	Degree	NPI

BILLING LOCATION UPDATE

Street address 1

Street address 2

Street address 3

City _____ State _____ ZIP _____

Phone	Fax	Email
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Federal tax ID

(Note: A change in federal ID requires a new W-9 and a copy of the SS4 approval letter from the IRS.)

CHANGE OF OWNERSHIP

Legal business name of new owner and federal tax ID (requires new W-9) Note: Terms of acquisition or purchase must be attached for processing.	Effective date of ownership
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