

Provider Add/Change Form

Please print clearly.



AmeriHealth Caritas

Next

A product of AmeriHealth Caritas Louisiana, 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 _____

Authorizing signature (physician/office manager). Change will not be completed without signature. _____ Today's date _____ Effective date of change _____

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):

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Adding a practice | <input type="checkbox"/> Joining a practice | <input type="checkbox"/> Phone number change | <input type="checkbox"/> Other |
| <input type="checkbox"/> Adding an office location | <input type="checkbox"/> Changing an office location | <input type="checkbox"/> Open/closed panel | (Attach documentation.) |
| <input type="checkbox"/> Fax change | <input type="checkbox"/> Name change only | <input type="checkbox"/> 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 _____

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

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) Effective date of ownership
Note: Terms of acquisition or purchase must be attached for processing.