AmeriHealth Caritas
Delaware

Facility Data Intake Form

Please email completed form to
delawareprovidernetwork@amerihealthcaritas.com
or fax it to **1-877-759-6251**.

Date completed: _____

Facility information

Facility name:		Facility type: ☐ SNF ☐ PERS ☐ AIDS CM ☐ Ambulatory surgery center	☐ Dialysis center ☐ Home and community-based services ☐ Home health
Doing business as (DBA) name, if applicable:		Medicaid ID# (MCDID)	
Provider group TIN:		Provider group NPI:	
Primary contact name:	Primary contact phone:	Primary contact fax:	Primary contact email:

Billing information

Group pay to address:	City:	State:	ZIP:

Facility locations									
	Facility name	Street address	City	State	ZIP	Phone	Fax	Office hours	Handicap accessible
Location 1									☐ Yes ☐ No
Location 2									☐ Yes ☐ No
Location 3									☐ Yes ☐ No
Location 4									☐ Yes ☐ No
Location 5									☐ Yes ☐ No

AmeriHealth Caritas™
Delaware