AmeriHealth Caritas Delaware

AmeriHealth Caritas Delaware
Provider Data Intake Form

Section 1: Practice information

Instructions: Please complete all fields below for the provider.

Entity name (as written on W-9):	Category:	
Name doing business as (if applicable):	Group W-9 TIN/EIN (nine characters):	Group NPI:
Primary contact name:	Medicaid ID# (MCDID):	
Primary contact email:	Primary contact phone:	

	Address line 1	Address line 2	City	State	ZIP code	Telephone (with area code)
Pay to address:						
Recoveries address ☐ Same as pay to address						
Organization's website URL:						

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

Section 2: Practice locations

Instructions: Please complete all sections below for each practice location. (Make additional copies if needed.)

Practice location #	Group name	Address line 1	Address line 2	City	State	ZIP + 4 digits	County	Fax (with area code)	Telephone (with area code)
1 **Main location**									

Practice location 1 — office hours					
Day	**No set hours**	**Start**	**a.m./ p.m.**	**End**	**a.m./ p.m.**
Monday	☐ Closed ☐ Open ☐ 24 hours				
Tuesday	☐ Closed ☐ Open ☐ 24 hours				
Wednesday	☐ Closed ☐ Open ☐ 24 hours				
Thursday	☐ Closed ☐ Open ☐ 24 hours				
Friday	☐ Closed ☐ Open ☐ 24 hours				
Saturday	☐ Closed ☐ Open ☐ 24 hours				
Sunday	☐ Closed ☐ Open ☐ 24 hours				

Age range
Age range: Adult _____ Child _____

ADA compliance	Yes/no
Blind/ visually impaired	☐ Yes ☐ No
Cognitively disabled	☐ Yes ☐ No
Deaf or hard of hearing	☐ Yes ☐ No
Examination rooms – compliant access	☐ Yes ☐ No
Accessible medical equipment	☐ Yes ☐ No
Restrooms – compliant access	☐ Yes ☐ No
Public transportation access	☐ Yes ☐ No

Section 2: Practice locations (continued)

If you have only one practice location, please skip to page 6, section 3: Supplemental provider information.

Practice location #	Group name	Address line 1	Address line 2	City	State	ZIP + 4 digits	County	Fax (with area code)	Telephone (with area code)
2									

Practice location 2 — office hours					
Day	No set hours	Start	a.m./ p.m.	End	a.m./ p.m.
Monday	☐ Closed ☐ Open ☐ 24 hours				
Tuesday	☐ Closed ☐ Open ☐ 24 hours				
Wednesday	☐ Closed ☐ Open ☐ 24 hours				
Thursday	☐ Closed ☐ Open ☐ 24 hours				
Friday	☐ Closed ☐ Open ☐ 24 hours				
Saturday	☐ Closed ☐ Open ☐ 24 hours				
Sunday	☐ Closed ☐ Open ☐ 24 hours				

Age range
Age range: Adult _____ Child _____

ADA compliance	Yes/No
Blind/ visually impaired	☐ Yes ☐ No
Cognitively disabled	☐ Yes ☐ No
Deaf or hard of hearing	☐ Yes ☐ No
Examination rooms – compliant access	☐ Yes ☐ No
Accessible medical equipment	☐ Yes ☐ No
Restrooms – compliant access	☐ Yes ☐ No
Public transportation access	☐ Yes ☐ No

Section 2: Practice locations (continued)

Practice location #	Group name	Address line 1	Address line 2	City	State	ZIP + 4 digits	County	Fax (with area code)	Telephone (with area code)
3									

Practice location 3 — office hours					
Day	No set hours	Start	a.m./ p.m.	End	a.m./ p.m.
Monday	☐ Closed ☐ Open ☐ 24 hours				
Tuesday	☐ Closed ☐ Open ☐ 24 hours				
Wednesday	☐ Closed ☐ Open ☐ 24 hours				
Thursday	☐ Closed ☐ Open ☐ 24 hours				
Friday	☐ Closed ☐ Open ☐ 24 hours				
Saturday	☐ Closed ☐ Open ☐ 24 hours				
Sunday	☐ Closed ☐ Open ☐ 24 hours				

Age range
Age range: Adult _____ Child _____

ADA compliance	Yes/No
Blind/ visually impaired	☐ Yes ☐ No
Cognitively disabled	☐ Yes ☐ No
Deaf or hard of hearing	☐ Yes ☐ No
Examination rooms – compliant access	☐ Yes ☐ No
Accessible medical equipment	☐ Yes ☐ No
Restrooms – compliant access	☐ Yes ☐ No
Public transportation access	☐ Yes ☐ No

Section 2: Practice locations (continued)

Practice location #	Group name	Address line 1	Address line 2	City	State	ZIP + 4 digits	County	Fax (with area code)	Telephone (with area code)
4									

Practice location 4 — office hours					
Day	No set hours	Start	a.m./ p.m.	End	a.m./ p.m.
Monday	☐ Closed ☐ Open ☐ 24 hours				
Tuesday	☐ Closed ☐ Open ☐ 24 hours				
Wednesday	☐ Closed ☐ Open ☐ 24 hours				
Thursday	☐ Closed ☐ Open ☐ 24 hours				
Friday	☐ Closed ☐ Open ☐ 24 hours				
Saturday	☐ Closed ☐ Open ☐ 24 hours				
Sunday	☐ Closed ☐ Open ☐ 24 hours				

Age range
Age range: Adult _____ Child _____

ADA compliance	Yes/No
Blind/ visually impaired	☐ Yes ☐ No
Cognitively disabled	☐ Yes ☐ No
Deaf or hard of hearing	☐ Yes ☐ No
Examination rooms – compliant access	☐ Yes ☐ No
Accessible medical equipment	☐ Yes ☐ No
Restrooms – compliant access	☐ Yes ☐ No
Public transportation access	☐ Yes ☐ No

Section 3: Supplemental provider information

Instructions: Please complete all fields below for each practitioner. If you have more than 10 practitioners, please attach a roster with the same fields listed in this section.

Languages spoken (Please list):
Provider training/experience: CLAS Standards ☐Other (please list):

Category	First name	Last name	MI	Degree/title (e.g, MD, ARNP, MSW)	Gender	CAQH number	Specialty / Taxonomy code	Accepting new patients? / Age range	Practitioner NPI / Affiliated hospital with admitting privileges	Practice location number for practitioner
☐PCP ☐Specialist ☐Other				Medicaid ID# (MCDID):	☐M ☐F		Specialty: Taxonomy code:	Accepting new patients? ☐Yes ☐No From ages _____ to _____ ☐All ages	NPI: Affiliated hospital with admitting privileges: _____	☐All ☐1 ☐2 ☐3 ☐4

Languages spoken (Please list):
Provider training/experience: CLAS Standards ☐Other (please list):

Category	First name	Last name	MI	Degree/title (e.g, MD, ARNP, MSW)	Gender	CAQH number	Specialty / Taxonomy code	Accepting new patients? / Age range	Practitioner NPI / Affiliated hospital with admitting privileges	Practice location number for practitioner
☐PCP ☐Specialist ☐Other				Medicaid ID# (MCDID):	☐M ☐F		Specialty: Taxonomy code:	Accepting new patients? ☐Yes ☐No From ages _____ to _____ ☐All ages	NPI: Affiliated hospital with admitting privileges: _____	☐All ☐1 ☐2 ☐3 ☐4

Languages spoken (Please list):
Provider training/experience: CLAS Standards ☐Other (please list):

Category	First name	Last name	MI	Degree/title (e.g, MD, ARNP, MSW)	Gender	CAQH number	Specialty / Taxonomy code	Accepting new patients? / Age range	Practitioner NPI / Affiliated hospital with admitting privileges	Practice location number for practitioner
☐PCP ☐Specialist ☐Other				Medicaid ID# (MCDID):	☐M ☐F		Specialty: Taxonomy code:	Accepting new patients? ☐Yes ☐No From ages _____ to _____ ☐All ages	NPI: Affiliated hospital with admitting privileges: _____	☐All ☐1 ☐2 ☐3 ☐4

Languages spoken (Please list):
Provider training/experience: CLAS Standards ☐Other (please list):

Category	First name	Last name	MI	Degree/title (e.g, MD, ARNP, MSW)	Gender	CAQH number	Specialty / Taxonomy code	Accepting new patients? / Age range	Practitioner NPI / Affiliated hospital with admitting privileges	Practice location number for practitioner
☐PCP ☐Specialist ☐Other				Medicaid ID# (MCDID):	☐M ☐F		Specialty: Taxonomy code:	Accepting new patients? ☐Yes ☐No From ages _____ to _____ ☐All ages	NPI: Affiliated hospital with admitting privileges: _____	☐All ☐1 ☐2 ☐3 ☐4

Languages spoken (Please list):
Provider training/experience: CLAS Standards ☐Other (please list):

Category	First name	Last name	MI	Degree/title (e.g, MD, ARNP, MSW)	Gender	CAQH number	Specialty / Taxonomy code	Accepting new patients? / Age range	Practitioner NPI / Affiliated hospital with admitting privileges	Practice location number for practitioner
☐PCP ☐Specialist ☐Other				Medicaid ID# (MCDID):	☐M ☐F		Specialty: Taxonomy code:	Accepting new patients? ☐Yes ☐No From ages _____ to _____ ☐All ages	NPI: Affiliated hospital with admitting privileges: _____	☐All ☐1 ☐2 ☐3 ☐4

Languages spoken (Please list):
Provider training/experience: CLAS Standards ☐Other (please list):

Category	First name	Last name	MI	Degree/title (e.g, MD, ARNP, MSW)	Gender	CAQH number	Specialty / Taxonomy code	Accepting new patients? / Age range	Practitioner NPI / Affiliated hospital with admitting privileges	Practice location number for practitioner
☐PCP ☐Specialist ☐Other				Medicaid ID# (MCDID):	☐M ☐F		Specialty: Taxonomy code:	Accepting new patients? ☐Yes ☐No From ages _____ to _____ ☐All ages	NPI: Affiliated hospital with admitting privileges: _____	☐All ☐1 ☐2 ☐3 ☐4

Languages spoken (Please list):
Provider training/experience: CLAS Standards ☐Other (please list):

Category	First name	Last name	MI	Degree/title (e.g, MD, ARNP, MSW)	Gender	CAQH number	Specialty / Taxonomy code	Accepting new patients? / Age range	Practitioner NPI / Affiliated hospital with admitting privileges	Practice location number for practitioner
☐PCP ☐Specialist ☐Other				Medicaid ID# (MCDID):	☐M ☐F		Specialty: Taxonomy code:	Accepting new patients? ☐Yes ☐No From ages _____ to _____ ☐All ages	NPI: Affiliated hospital with admitting privileges: _____	☐All ☐1 ☐2 ☐3 ☐4

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

*Panel must be closed or all payers to close panel for ACDE.