

Provider Enrollment Form

Medicaid Medicaid Secondary Only

Provider type:

PCP Specialist Hospitalist
 Indian Health Care Provider (IHCP) FQHC RHC

Legal/W-9 name:			
Group/DBA name:			
Provider name:			Title:
Provider DOB:	Gender:	Medical license number:	State:
Ethnicity:		Race:	
Provider primary specialty:		Secondary specialty:	

Locations

Primary Secondary

Address:

City:	State:	ZIP:	Parish:
Phone number:		Fax number:	
Email:		Website:	
Add to existing practice/group: <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective date:	
Do you want to be listed in the provider directory?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you offer telehealth services?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office hours: Mon:	Tues:	Wed:	Thurs: Fri: Sat/Sun:
Accepting new patients: <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient ages seen:	
<input type="checkbox"/> Serve members with behavioral health and development disabilities – including autism			
Languages in which you or staff are fluent for medical care:			
Maximum number of AmeriHealth Caritas Louisiana patients accepted:			

Practice data

Patient-centered medical home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rural health center (RHC): <input type="checkbox"/> Yes <input type="checkbox"/> No	Smiles for Life Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Federally qualified health center (FQHC): <input type="checkbox"/> Yes <input type="checkbox"/> No	FQHC behavioral health: <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoke ACT 143: <input type="checkbox"/> Yes <input type="checkbox"/> No
RHC behavioral health: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospital admitting privileges:		Hospital affiliations:
Contact name:		Email:
Phone number:		Fax number:
Contact email address:		
Remit address:		
Remit phone:		Remit fax:
Credentialing address:		Email:
Credentialing phone:		Credentialing fax:

Important billing numbers

Individual Medicaid:	Group Medicaid:
Individual NPI:	Group NPI:
Individual Medicare:	Group Medicare:
Individual taxonomy:	Group taxonomy:
Individual tax ID (TIN):	Group tax ID (TIN):
CLIA certification type (waived, microscopic, or moderate-level certification and number):	
CLIA cert type:	Certification number:
CAQH credential number:	Louisiana credentialing application: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach copy of application to contract.)