

Completed form should be returned to Provider Network Management at:
network@amerihealthcaritasla.com

Specialty:

- Primary care provider (PCP) Behavioral health Hospital
 Ancillary Specialist

Group or provider information

Legal entity name (W9):	
Tax ID number (TIN):	
Group NPI:	
Medicaid number:	
Provider Name:	
Provider NPI:	
CAQH number:	
Legal entity signatory name and title:	
Legal entity signatory email:	

Notice correspondence information

Legal notice mailing address including contact name:

Contact information for contract processing

Contact name:	
Title:	
Mailing address:	
Contact telephone:	
Contact email:	

To be completed by AmeriHealth Caritas Corporate Account Executive (for internal use only):

Assigned Account Executive: _____ Date contract sent: _____