



Nonparticipating Provider Information Form

1120 Vermont Avenue NW, Suite 200, Washington, DC 20005
202-408-2237 or **1-888-656-2383**

Claims will not be processed without a valid AmeriHealth Caritas District of Columbia (DC) provider ID number. Nonparticipating providers must submit this form to receive an AmeriHealth Caritas DC provider ID number.

Complete sections A – C and return this form along with a completed W-9* form to the AmeriHealth Caritas DC Provider Network Operations department via fax at **202-408-2005** or email **lob5400adcpno@amerihealthdc.com**. Upon receipt of a completed form, an AmeriHealth Caritas DC provider ID number will be assigned and returned to you via fax.

For questions, contact Provider Services at **202-408-2237** or **1-888-656-2383**.

*All W-9s will be verified before claims are processed.

A. Contact fax information

Requestor's name:

Phone number:

Fax number:

If you do not wish the ID number to be faxed, please indicate how the information should be communicated:

Mail to practice address. Mail to billing address. Mail to both billing and practice addresses.

B. Practice information

(If this is a facility, please indicate the type of facility in the "Provider type" field and the name in the "Practice name" field.)

Last name:

First name:

MI:

Title or degree:

Specialty:

Provider type:

Medicaid ID number (if applicable):

License number:

State issue:

SSN:

DEA number:

UPIN number:

NPI:

Group NPI:

Practice name:

Phone number:

Fax number:

Address:

City:

State:

ZIP:

County:

C. Billing information

Tax identification number:

Billing name:

Phone number:

Fax number:

Billing address:

City:

State:

ZIP:

County:

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| Utilization management only | | |
|-----------------------------|-------------------|------------|
| Temp ID: | Case number: | |
| Member name: | Member ID number: | Requestor: |
| Comments: | | |

| Health plan response section | |
|---|---|
| Date reviewed: | Reviewer's initials: |
| <input type="checkbox"/> Information was complete. | Your new AmeriHealth Caritas DC ID number is: |
| Please resubmit claims with this ID number on the claim form. | |
| <input type="checkbox"/> Information was not complete. Form returned to obtain the following information: | |
| Reason: | |

