

# Provider Maximum Capacity Notice

A primary care provider (PCP) working in a clinic must provide written notice to AmeriHealth Caritas District of Columbia at least 30 days in advance of reaching 2,000 members across all Medicaid and Alliance payers. Individual or group PCPs must give notice at least 30 days in advance of reaching 500 members.

To provide notice, please sign the completed form and return by mail or fax to:

**AmeriHealth Caritas District of Columbia**

1120 Vermont Ave. NW, Suite 200  
Washington DC, 20005

**Provider Services department**

Phone: **202-408-2237** or toll-free at **1-888-656-2383**  
Fax: **202-408-1277**

Name of practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Total number of Medicaid and Alliance enrollees: \_\_\_\_\_

Effective date of maximum capacity: \_\_\_\_\_

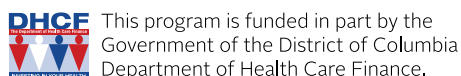
Report submitted by: \_\_\_\_\_

Report date: \_\_\_\_\_

I am representing this practice and acknowledge the aforementioned information is an accurate report of the number of Medicaid and Alliance enrollees assigned to this practice for all payers.

Signature of provider: \_\_\_\_\_ Date: \_\_\_\_\_

ACDC-17116816



[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)