

Practitioner Maximum Capacity Notice

A primary care provider (PCP) 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. 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 D.C., 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: _____ Fax: _____

Total Number Of Medicaid/Alliance Enrollees: _____

Effective Date Of Maximum Capacity: _____

Report Submitted By: _____

Report Date: _____

Signature Of Practitioner: _____

Date: _____

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

5400ACDC-1322-40

