

Provider Add/Change Form Please print clearly.



CURRENT PRACTICE INFORMATION				
<input type="checkbox"/> Group practice <input type="checkbox"/> Individual		Name:		
<input type="checkbox"/> Group practice ID <input type="checkbox"/> Individual ID		AmeriHealth Caritas New Hampshire ID :		NPI number:
Provider type: <input type="checkbox"/> Primary care provider (PCP) <input type="checkbox"/> Specialist <input type="checkbox"/> Behavioral health (BH) <input type="checkbox"/> Allied health provider				
Contact person name:				
Phone:		Fax:		Email:
Street address:			City:	State: ZIP:
Authorizing signature (physician/office manager) Change will not be completed without signature.				
Today's date:			Effective date of change:	

PROVIDER CHANGE INFORMATION			
Provide complete information. This request will be processed for AmeriHealth Caritas New Hampshire. If any of these changes result in a change on your W-9, you must submit a copy of your W-9 with this form. Please note: Providers must complete AmeriHealth Caritas New Hampshire credentialing before they will be added to your practice as participating providers. Refer to the AmeriHealth Caritas New Hampshire website for credentialing requirements: www.amerhealthcaritasnh.com .			
Type of change (check all that apply):			
<input type="checkbox"/> Adding a practice	<input type="checkbox"/> Joining a practice	<input type="checkbox"/> Phone number change	<input type="checkbox"/> Terminating a provider
<input type="checkbox"/> Adding an office location	<input type="checkbox"/> Changing an office location	<input type="checkbox"/> Open/closed panel	Reason for termination:
<input type="checkbox"/> Fax change	<input type="checkbox"/> Name change only	<input type="checkbox"/> New or changing federal tax ID	<input type="checkbox"/> Other (attach documentation)

PROVIDER GROUP INFORMATION					
CURRENT OFFICE INFORMATION			NEW OFFICE INFORMATION, IF APPLICABLE		
AmeriHealth Caritas New Hampshire group provider ID:			AmeriHealth Caritas New Hampshire group provider ID:		
NPI:			NPI:		
Name:			Name:		
Street address:			Street address:		
City:	State:	ZIP:	City:	State:	ZIP:

INDIVIDUAL PROVIDER INFORMATION				
ADD PROVIDERS (New providers must complete AmeriHealth Caritas New Hampshire credentialing before they will be added as participating providers. Forms are available at www.amerhealthcaritasnh.com .)				
1. Last:	First:	M.I.:	Degree:	
NPI:	MAID:		CAQH number:	
2. Last:	First:	M.I.:	Degree:	
NPI:	MAID:		CAQH number:	
TERMINATE PROVIDERS (Please give AmeriHealth Caritas New Hampshire 60 days of advance notice when a provider is leaving the group.)				
1. Last:	First:	M.I.:	Degree:	NPI:
2. Last:	First:	M.I.:	Degree:	NPI:
BILLING LOCATION UPDATE				
Street address 1:		City:	State:	ZIP:
Street address 2:		City:	State:	ZIP:
Street address 3:		City:	State:	ZIP:
Phone:		Fax:		Email:
Federal tax ID:				
(Note: A change in federal ID requires a new W-9 and a copy of the SS4 approval letter from the IRS.)				
CHANGE OF OWNERSHIP:				
Legal business name of new owner and federal tax ID (requires new W-9) Note: Terms of acquisition or purchase must be attached for processing.				
Effective date of ownership:				

Please fax or email this form and supporting documents to **1-877-759-6189** or acnhprovidernetworkoperations@amerihealthcaritas.com.