AmeriHealth Caritas™
New Hampshire

Provider Contract Inquiry Form

Completed form should be returned to Provider Network Management at:
newhampshireprovidernetwork@amerihealthcaritas.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:	
CAQH number:	
Legal entity signatory:	
Legal entity signatory title:	

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:_____