



INITIAL CONTRACT REQUEST FORM

*** For a new group contract, only one form per group is required. Please do not submit any credentialing information until a Contract Negotiator has sent you a contract for review. ***

FAX THIS FORM AND A W-9 TO: 866-480-3227

PLEASE INDICATE YOUR PROVIDER TYPE – Choose all that apply:

<input type="checkbox"/> Medical Group	<input type="checkbox"/> Hospital	<input type="checkbox"/> Ambulance
<input type="checkbox"/> Solo Practitioner	<input type="checkbox"/> Hospice or Home Health	<input type="checkbox"/> Surgical Center
<input type="checkbox"/> FQHC or RHC	<input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST	<input type="checkbox"/> Urgent Care Center
<input type="checkbox"/> DME, O&P, or Home Infusion	<input type="checkbox"/> Lab or Imaging Center	<input type="checkbox"/> Hospital-Based Practitioners
<input type="checkbox"/> Dialysis Center	<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Other _____

GROUP INFORMATION

Group Name (Including D/B/A Name):		
Primary Physical Address:	City/State/Zip	Phone:
Administrative Contact Person/Title:	E-mail:	Fax:
Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____	County:	Group Medicaid #:
Group BILLING National Provider Identifier (NPI)#:	Group Medicare #:	Group TIN #:
Credentialing Contact Person Name, Phone Number, and E-mail address (if different from above):		
Website URL:		
Does your office meet Americans with Disabilities Act (ADA) requirements for accessibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Do your physicians/practitioners speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what language(s)? _____ Is language interpretation available in your office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Choose all that apply: <input type="checkbox"/> MSCAN <input type="checkbox"/> Ambetter <input type="checkbox"/> CHIP <input type="checkbox"/> Medicare Advantage Do you see children in your practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the age range? _____		
Notes: _____		