

FAMILY OF HEALTH PLANS

Currently participating in the AmeriHealth Caritas North Carolina (Medicaid) network ☐

Please select all plans you would like to join:

- ☐ AmeriHealth Caritas North Carolina (Medicaid) plan
☐ AmeriHealth Caritas Next (individual and family health plans both on and off the Exchange [ACA])

Date:

Completed form and W-9 should be returned to your Account Executive or ProviderRecruitmentNC@amerihealthcaritas.com.

Specialty:

- | | | |
|--|--|--|
| ☐ Primary care provider (PCP) | ☐ Behavioral health | ☐ Long-term care/Home- and community-based services |
| ☐ Specialist | ☐ Hospital | ☐ Other |
| ☐ Specialty: | ☐ Dental | |
| ☐ Ancillary | ☐ Vision | |

Group or provider information

Legal entity name (W-9):

Tax ID number (TIN):

Group NPI:

CAQH number (if applicable):

Medicaid number:

Legal entity signatory:

Medicare/CCN number:

Legal entity signatory title:

Notice correspondence information

Legal notice mailing address, including contact name:

Contact information for contract processing

Contact name:

Title:

Primary address:

Fax:

Taxonomy code:

Mailing address:

County:

☐ Check if primary address is the same as the mailing address.

Contact telephone:

Contact email: