

Medical Provider Change Form

AmeriHealth Caritas Pennsylvania
 AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC)
 AmeriHealth Caritas VIP Care

Current practice information			
<input type="checkbox"/> Group practice name: <input type="checkbox"/> Individual name:			
<input type="checkbox"/> Group practice ID: <input type="checkbox"/> Individual ID:	AmeriHealth Caritas Pennsylvania AmeriHealth Caritas PA CHC AmeriHealth Caritas VIP Care ID:	NPI:	PPID:
Contact person name (please print clearly):			Phone:
Email:			Fax:
Authorizing signature (physician/office manager) (Change will not be completed without a signature.)		Today's date:	Effective date of change:

Provider change information			
Please provide complete information. This request will be processed for AmeriHealth Caritas Pennsylvania, AmeriHealth Caritas PA CHC, and AmeriHealth Caritas VIP Care.			
If any of these changes result in a change on your W-9, you must submit a copy of your W-9 with this change form. Please note: Practitioners must complete our credentialing process before they will be added to your practice as a participating provider. Refer to our website for credentialing requirements: www.amerihealthcaritaspa.com , www.amerihealthcaritaschc.com , and www.amerihealthcaritasvipcare.com .			
Type of change: Please 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"/> Adding an office location <input type="checkbox"/> Changing an office location <input type="checkbox"/> Other (attach documentation)	<input type="checkbox"/> Fax number change <input type="checkbox"/> Name change only

Previous office information			New office information		
AmeriHealth Caritas Pennsylvania, AmeriHealth Caritas PA CHC, and AmeriHealth Caritas VIP Care provider ID:		NPI:	AmeriHealth Caritas Pennsylvania, AmeriHealth Caritas PA CHC, and AmeriHealth Caritas VIP Care provider ID:		NPI:
Name:			Name:		
Street address:			Street address:		
City:	State:	ZIP:	City:	State:	ZIP:
Phone:	Fax:	Office hours:	Phone:	Fax:	Office hours:
<input type="checkbox"/> Close this location					



Add practitioners (New practitioners must complete our credentialing process before they are added as a participating provider.)

1. (Last name, first name, middle initial)	Degree:	NPI:	PPID:
PPID location extension:	Street address:		
City:	State:	ZIP:	
PPID location extension:	Street address:		
City:	State:	ZIP:	
2. (Last name, first name, middle initial)	Degree:	NPI:	PPID:
PPID location extension:	Street address:		
City:	State:	ZIP:	
PPID location extension:	Street address:		
City:	State:	ZIP:	
3. (Last name, first name, middle initial)	Degree:	NPI:	PPID:
PPID location extension:	Street address:		
City:	State:	ZIP:	
PPID location extension:	Street address:		
City:	State:	ZIP:	

Terminate practitioners (Please give us 60 days' advance notice when a practitioner is leaving the group.)

1. (Last name, first name, middle initial)	Degree:	NPI:	PPID:
PPID location extension:	Street address:		
City:	State:	ZIP:	
PPID location extension:	Street address:		
City:	State:	ZIP:	
2. (Last name, first name, middle initial)	Degree:	NPI:	PPID:
PPID location extension:	Street address:		
City:	State:	ZIP:	
PPID location extension:	Street address:		
City:	State:	ZIP:	
3. (Last name, first name, middle initial)	Degree:	NPI:	PPID:
PPID location extension:	Street address:		
City:	State:	ZIP:	
PPID location extension:	Street address:		
City:	State:	ZIP:	

For additional changes/locations, please attach a separate sheet.



Billing location change			
Street address 1:		Phone:	Fax:
Street address 2:		Email:	
City:	State:	ZIP:	Federal Tax ID (change in federal ID requires new W-9):

Change of ownership
Legal business name of new owner:
Federal Tax ID (requires new W-9):
Effective date of ownership:

Notes/comments

Please mail or fax this change form and supporting documents to:

AmeriHealth Caritas Pennsylvania,
 AmeriHealth Caritas PA CHC, and
 AmeriHealth Caritas VIP Care
 Provider Network Management
 8040 Carlson Road, Suite 500
 Harrisburg, PA 17112

Fax: 1-717-651-1673