

A product of AmeriHealth Caritas Indiana, Inc.

Please select the plan you would like to join:

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
ProviderRecruitmentNext@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 mailing address

Contact telephone:

Contact email: