

A product of AmeriHealth Caritas Ohio, Inc.

Currently participating in the AmeriHealth Caritas Ohio (Medicaid) network

Please select all plans you would like to join:

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

Date:

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

Specialty:

- | | | |
|--|--|---|
| <input type="checkbox"/> Primary care provider (PCP) | <input type="checkbox"/> Behavioral health | <input type="checkbox"/> Long-term care/Home- and
community-based services |
| <input type="checkbox"/> Specialist
Specialty: | <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Ancillary | <input type="checkbox"/> Dental | <input type="checkbox"/> Other |
| | <input type="checkbox"/> 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: