



Nonparticipating Provider Information Form

Two Ruan Center, 601 Locust Street, Suite 900, Des Moines, IA 50309
 Provider Services: **1-844-411-0579**

Claims will not be processed without a valid AmeriHealth Caritas Iowa provider ID number. Nonparticipating providers must submit this form to receive an AmeriHealth Caritas Iowa provider ID number.

Complete sections A – C and return this form along with a completed W-9* form to the AmeriHealth Caritas Iowa Provider Network Management department via fax at **1-844-412-7893** or email **IowaProviderNetwork@amerihealthcaritas.com**. Upon receipt of a completed form, an AmeriHealth Caritas Iowa provider ID number will be assigned and returned to you via fax.

For questions, contact Provider Services at **1-844-411-0579**.

*All W-9s will be verified before claims are processed.

A. Contact information

Requestor's name:

Phone number:

Fax number:

Email:

If you do not wish the ID number to be faxed, please indicate how the information should be communicated:

- Mail to practice address. Mail to billing address. Mail to both billing and practice addresses.

B. Practice information

If this is a facility, please indicate the type of facility in the "Provider type" field and the name in the "Practice name" field

Last name:

First name:

MI:

Title or degree:

Specialty:

Provider type:

Medicaid ID number (if applicable):

License number:

State issued:

SSN:

DEA number:

UPIN number:

NPI:

Group NPI:

Practice name:

Phone number:

Fax number:

Address:

City:

State:

ZIP:

County:

C. Billing information

Tax identification number:

Billing name:

Phone number:

Fax number:

Billing address:

City:

State:

ZIP:

County:

Nonparticipating Provider Information Form

Utilization management only

Temporary ID number:

Case number:

Member name:

Member ID number:

Requestor:

Comments:

Health plan response section

Date reviewed:

Reviewer's initials:

Information was complete.

Your new AmeriHealth Caritas Caritas Iowa ID number is:

Please resubmit claims with this ID number on the claim form.

Information was not complete. Form returned to obtain the following information:

Reason: