AmeriHealth Caritas VIP Care Plus

MI HEALTH LINK
Linking Medicare & Medicaid for you

Provider Change Form

Current practice information
All fields in this section are **REQUIRED**

Type of provider: ☐ Ancillary ☐ Specialist ☐ Primary care provider (PCP) ☐ Hospital ☐ Urgent care			
Type 1 NPI:	Type 2 NPI:	Tax identification number:	
Provider name:	Group name:	Today's date:	
Contact person:	Phone:	Email:	
Authorizing signature:	Authorizing signature printed:		

Provider change information

Please provide complete information. This request will be processed for AmeriHealth Caritas VIP Care Plus. Changes will be effective within 45 days. 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. If you have a change not listed below, describe your change request on formal letterhead in detail along with this form. Please use the check box to identify your change request. Please print or type.

☐ Deleting a practice address ☐ Billing address change* ☐ Phone/fax number change ☐ Office hours
☐ Include in provider directory ☐ Exclude in provider directory ☐ Correct a practice address

Street:	City:	State:	ZIP:
Phone:	Fax:	Office hours:	Type 2 NPI:
☐ Tax identification change*	New tax identification number:	**Effective date of change (REQUIRED):**	
☐ Change in ownership*	Legal business name of new owner:	Effective date of ownership:	

A change in ownership will also require completion of the AmeriHealth Michigan Dual Demonstration Attestation, located at **www.amerihealthcaritas.com/provider**.

☐ Name change only	Current name:	New name:
☐ Panel changes	☐ Open panel ☐ Close panel to all new members, but keep existing members ☐ Close panel to all members ☐ Close panel to all members (new and existing) and reassign to the following provider:	

☐ Termination from AmeriHealth Caritas VIP Care Plus

Explanation or reason for termination:

If a PCP, who will be assuming your patient panel (last name, first name):

*** Indicates a W-9 form is required**

Requirements and guidelines

Requirements:

To ensure we can efficiently process your change request, please complete the required fields in the current practice information section.

The following types of changes require the submission of the W-9 form (tax form which certifies an individual's tax identification number):

- Billing address change.
- Tax identification number change.
- Group name change.
- Change of ownership.

Guidelines:

1. If you are submitting a request to change a provider's name, please submit a copy of supporting documentation, such as a marriage license or divorce decree.
2. If your office has a tax identification number change, please submit it to AmeriHealth Caritas VIP Care Plus as soon as it is available to ensure timely and accurate processing. A delay in notification may interrupt claims processing.
3. Physicians **must** complete AmeriHealth Caritas VIP Care Plus credentialing before they can be added to your practice as a participating provider. You may access the enrollment forms at **www.amerihealthcaritasvipcareplus.com/provider**.

Please email, fax, or mail this change form, along with supporting documentation, to:

michiganprovidernetwork@amerihealthcaritas.com

Fax: **1-855-306-9762**

AmeriHealth Caritas VIP Care Plus
Attn: Provider Network Management
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