**PROSPECTIVE PROVIDER FORM**

**Thank you for your interest in becoming a Parkland Community Health Plan, Inc. Provider**. **Please scan and email with a current W9 to:** PCHP.ContractingDepartment@phhs.org

***Adding Provider to Existing Group Contract*** Choose an item. ***Adding Provider to the PCHP Directory:***Choose an item.

|  |  |
| --- | --- |
| Requester Name: |  Requester Phone:  |
| Requester Email:  |  Requester Fax: |
| \*Signatory Name:\*Signatory Title: |  Signatory Email:  |
| **\*PROVIDER INFORMATION**  | **Choose an item.** |
|  \*Last Name: | \*Last Name: |
| \*Date of Birth:  | \*Gender:  |
|  \*Provider SSN: | \*Specialty Type Choose an item. |
| \*Taxonomy Number:  | \*Are You Attested? Choose an item. |
| \*Individual NPI:  | \*Individual CAQH: |
|  Prefix: Choose an item. |  \*Current Insurance Limits:  |
|  \*Offer Telemedicine: **Choose an item.** |  |
|  **GROUP INFORMATION**  Group Taxonomy Number: |
| Group Name: | Group NPI: |
| Group Tax ID: |  |
|  | Is Your Group Attested? Choose an item. |
| **“For Health Plan use only”**  | Billing ID Number: 47800533Market Number**:**47800590  |
| **Website Address/Link:** |
| **\*Credentialing Contact Name:**  |
| **\*Credentialing Contact Email:**  |
| **\*Credentialing Contact Address:**  |
| **\*City, State, Zip Code:**  |
| **\*Credentialing Contact Phone:**  | **Office Fax:**  |
| **\*Please Select Provider Type:** Choose an item. | **Billing Type Choose an item.** |
| **PROVIDER / GROUP PRIMARY OFFICE ADDRESS – attach sheet for additional locations**  |
| Physical Address: (if additional locations please attached a roster) |
| \*City, State, Zip Code: |
| \*Office Phone: | \*Office Fax: |
| County:Choose an item. |
| **Mailing Address:** (*Contract will be emailed unless indicated here where to send)* |
| **\*Handicap Accessible: Choose an item. Accepting New Members:** **Choose an item.** |
|  \***OFFICE HOURS** | **Do You Offer After Hours and Weekend Care Choose an item.** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

(\*note required for contracting)