

Non-Participating Provider Information Sheet

Please complete sections A – C and return, along with a W-9, to the attention of AmeriHealth Caritas Louisiana Network Operations department via email to **non-parprovider@amerihealthcaritas.com**. Upon receipt of completed form, AmeriHealth Caritas Louisiana will assign and return a non-participating provider ID to you. Please call AmeriHealth Caritas Louisiana Provider Services at **1-888-922-0007** if you have questions about this form. Failure to complete and return this form will result in delay of claims payment.

Contact and fax information (Your non-participating provider identification number will be faxed to you unless specified otherwise.)

Requestor's name:	Phone:	Fax:
If you do not wish the number to be faxed, please indicate how the information should be communicated:		
<input type="checkbox"/> Mail to practice address <input type="checkbox"/> Mail to billing address <input type="checkbox"/> Mail to both billing and practice address		

Practice information (If this is a facility please indicate name in "Practice name" field and type of facility in "Provider type" field.)

Last name:	First name:	MI:	Title or degree:
Specialty:	Provider type:		
Medicaid ID (MAID) (if applicable):	Medicaid state:		
State license number:	State issue:	SSN:	
DEA number:	UPIN number:		
Individual NPI:	Group NPI:		
Taxonomy code:	Taxonomy code:		
CLIA number:	Type of CLIA:	CLIA expiration date:	
Practice name:	Phone number:		
Address:	Fax number:		
City:	State:	ZIP:	Parish:

Billing information

Tax ID number:	Billing name:		
Phone number:	Fax number:	Effective date:	
Billing address:			
City:	State:	ZIP:	Parish:

AmeriHealth Caritas Louisiana response section

Date reviewed:	Reviewer's initials:
<input type="checkbox"/> Information was complete AmeriHealth Caritas Louisiana non-participating provider ID:	

Please resubmit claims with this number on the claim form

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

Reason: