

Provider Maximum Capacity Notice

A primary care provider (PCP) working in a clinic must provide written notice to AmeriHealth Caritas District of Columbia at least 30 days in advance of reaching 2,000 enrollees across all Medicaid and Alliance payers. Individual or group PCPs must give notice at least 30 days in advance of reaching 500 enrollees.

To provide notice, please sign the completed form and return by mail or fax to:

AmeriHealth Caritas District of Columbia

1201 Maine Avenue SW, Suite 1000, 10th Floor
Washington, DC 20024

Provider Services department

Phone: **202-408-2237** or toll-free at **1-888-656-2383**
Fax: **202-408-1277**

Name of practice: _____

Address: _____

Phone number: _____ Fax number: _____

Total number of Medicaid and Alliance enrollees: _____

Effective date of maximum capacity: _____

Report submitted by: _____

Report date: _____

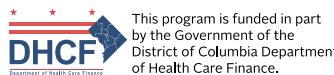
I am representing this practice and acknowledge the aforementioned information is an accurate report of the number of Medicaid and Alliance enrollees assigned to this practice for all payers.

Signature of provider: _____ Date: _____



www.amerhealthcaritasdc.com

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