AmeriHealth Caritas
District of Columbia

Nonparticipating Provider Information Form

1201 Maine Avenue SW, Suite 1000, 10th Floor, Washington, DC 20024
202-408-2237 or **1-888-656-2383**

Claims will not be processed without a valid AmeriHealth Caritas District of Columbia (DC) provider ID number. Nonparticipating providers must submit this form to receive an AmeriHealth Caritas DC provider ID number.

Complete sections A – C and return this form along with a completed W-9* form to the AmeriHealth Caritas DC Provider Network Operations department via fax at **202-408-2005** or email **lob5400adcpno@amerihealthdc.com.** Upon receipt of a completed form, an AmeriHealth Caritas DC provider ID number will be assigned and returned to you via fax.

For questions, contact Provider Services at **202-408-2237** or **1-888-656-2383**.

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

A. Contact fax information

Requestor's name:	
Phone number:	Fax number:
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 issue:	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:

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Utilization management only		
Temp ID:	Case number:	
Enrollee name:	Enrollee ID number:	Requestor:
Comments:		

Health plan response section	
Date reviewed:	Reviewer's initials:
☐ Information was complete.	Your new AmeriHealth Caritas DC 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:	

AmeriHealth Caritas® District of Columbia

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

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