AmeriHealth Caritas Texas
Provider Data Intake Form

Section 1 Instructions: Please complete all fields below for the provider

Entity Name (as written on W9):		Category: ☐ PCP ☐ Specialist ☐ FQHC ☐ RHC ☐ Urgent Care	
IPA name (if applicable):		Product Type: ☐ CHIP ☐ CHIP Perinatal ☐ DSNP ☐ MMP ☐ STAR ☐ STAR+PLUS	
Name Doing Business As (if applicable):			
Billing Type: ☐ UB-04/Institutional ☐ CMS-1500/Professional	W-9 TIN/EIN (nine characters):	Medicare ID:	State Medicaid ID:
Primary Contact Name:	Primary Contact Email:	Primary Contact Phone:	

	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	Telephone *(with Area Code)*
Pay to Address						
Recoveries Address ☐ *Same as Pay To Address*						
Organization Website:						

Section 2 Instructions: Please complete each section below for all locations including applicable NPI or Atypical ID information**. (Make additional copies if needed.)**

Practice Location #	Group / Facility Name *(as appearing in provider directory)*	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax *(with Area Code)*	Telephone *(with Area Code)*
1 *Main Location*									

Group NPI / Atypical ID:

Taxonomy Code:

CLIA ID:

CHIP / PROVIDER ID:

CHIP Practice Limitations:

Private Duty Nursing: ☐ Y ☐ N

Prescribed Ext. Care Cntr: ☐ Y ☐ N

Languages Spoken:

☐ English ☐ Arabic ☐ French
☐ Hindi ☐ Korean ☐ Spanish
☐ Tagalog ☐ Urdu ☐ West African
Other (please list):

Regions(s): ☐ Bexar ☐ Dallas ☐ El Paso ☐ Harris ☐ Jefferson ☐ Northeast ☐ Tarrant

Practice Location 1 — Office Hours			
Day	**No Set Hours**	**Start**	**End**
Monday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Tuesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Wednesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Thursday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Friday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Saturday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Sunday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		

Practice Location #	Group Name *(as appearing in provider directory)*	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax *(with Area Code)*	Telephone *(with Area Code)*
2									

Group NPI / Atypical ID:
Taxonomy Code:
CLIA ID:
CHIP / PROVIDER ID:
CHIP Practice Limitations:

Private Duty Nursing: ☐ Y ☐ N
Prescribed Ext. Care Cntr: ☐ Y ☐ N

Languages Spoken:
☐ English ☐ Arabic ☐ French
☐ Hindi ☐ Korean ☐ Spanish
☐ Tagalog ☐ Urdu ☐ West African
Other (please list):

Regions(s): ☐ Bexar ☐ Dallas ☐ El Paso ☐ Harris ☐ Jefferson ☐ Northeast ☐ Tarrant

Practice Location 2 — Office Hours			
Day	**No Set Hours**	**Start**	**End**
Monday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Tuesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Wednesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Thursday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Friday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Saturday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Sunday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		

Practice Location #	Group Name *(as appearing in provider directory)*	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax *(with Area Code)*	Telephone *(with Area Code)*
3									

Group NPI / Atypical ID:
Taxonomy Code:
CLIA ID:
CHIP / PROVIDER ID:
CHIP Practice Limitations:

Private Duty Nursing: ☐ Y ☐ N
Prescribed Ext. Care Cntr: ☐ Y ☐ N

Languages Spoken:
☐ English ☐ Arabic ☐ French
☐ Hindi ☐ Korean ☐ Spanish
☐ Tagalog ☐ Urdu ☐ West African
Other (please list):

Regions(s): ☐ Bexar ☐ Dallas ☐ El Paso ☐ Harris ☐ Jefferson ☐ Northeast ☐ Tarrant

Practice Location 3 — Office Hours			
Day	**No Set Hours**	**Start**	**End**
Monday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Tuesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Wednesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Thursday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Friday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Saturday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Sunday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		

Practice Location #	Group Name *(as appearing in provider directory)*	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax *(with Area Code)*	Telephone *(with Area Code)*
4									

Group NPI / Atypical ID:

Taxonomy Code:

CLIA ID:

CHIP / PROVIDER ID:

CHIP Practice Limitations:

Regions(s): ☐ Bexar ☐ Dallas ☐ El Paso ☐ Harris ☐ Jefferson ☐ Northeast ☐ Tarrant

Private Duty Nursing: ☐ Y ☐ N

Prescribed Ext. Care Cntr: ☐ Y ☐ N

Languages Spoken:

☐ English ☐ Arabic ☐ French
☐ Hindi ☐ Korean ☐ Spanish
☐ Tagalog ☐ Urdu ☐ West African
Other (please list):

Practice Location 4 — Office Hours

Day	No Set Hours	Start	End
Monday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Tuesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Wednesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Thursday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Friday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Saturday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Sunday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		

Practice Location #	Group Name *(as appearing in provider directory)*	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax *(with Area Code)*	Telephone *(with Area Code)*
5									

Group NPI / Atypical ID:

Taxonomy Code:

CLIA ID:

CHIP / PROVIDER ID:

CHIP Practice Limitations:

Regions(s): ☐ Bexar ☐ Dallas ☐ El Paso ☐ Harris ☐ Jefferson ☐ Northeast ☐ Tarrant

Private Duty Nursing: ☐ Y ☐ N

Prescribed Ext. Care Cntr: ☐ Y ☐ N

Languages Spoken:

☐ English ☐ Arabic ☐ French
☐ Hindi ☐ Korean ☐ Spanish
☐ Tagalog ☐ Urdu ☐ West African
Other (please list):

Practice Location 5 — Office Hours

Day	No Set Hours	Start	End
Monday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Tuesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Wednesday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Thursday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Friday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Saturday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		
Sunday	☐ Closed ☐ Open 24 Hours ☐ By Appointment Only		

Section 3 Instructions: Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Group Locations
Blind/ Visually Impaired (ADA5)	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Cognitively Disabled (ADA6)	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Deaf or Hard of Hearing (ADA7)	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Examination Rooms - Compliant Access (ADA3)	☐All ☐1 ☐2 ☐3 ☐4 ☐5

ADA Compliance	Group Locations
Handicap Accessible Medical Equipment (ADA4)	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Rest Rooms - Compliant Access (ADA2)	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Service Location - Compliant Access (ADA1)	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section 4 instructions: Please complete all fields below by selecting which service(s) are provided at each location and ages served.

Habilitative and Rehabilitative Services

Cardiac Rehabilitation	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Physical Therapy	☐All ☐1 ☐2 ☐3 ☐4 ☐5

Imaging

Imaging Center	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Mammography	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Radiology Service Available	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Ultrasound	☐All ☐1 ☐2 ☐3 ☐4 ☐5

Medical Therapies

Chemotherapy	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Hemodialysis	☐All ☐1 ☐2 ☐3 ☐4 ☐5
IV Outpatient Services	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Peritoneal Dialysis	☐All ☐1 ☐2 ☐3 ☐4 ☐5

Sleep Testing

In Center Sleep Testing	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
In Home Sleep Testing	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Teleservices

Telehealth (Behavioral Health/Psych)	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Telemedicine (Medical)	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Telemonitoring (Hospital, Hospice, Home Health Agency, etc)	☐All ☐1 ☐2 ☐3 ☐4 ☐5

Miscellaneous Services

Durable Medical Equipment	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Family Planning Services	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Laboratory Services Available	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Nutritional Counseling	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Orthotics and Prosthetics	☐All ☐1 ☐2 ☐3 ☐4 ☐5
School Based Clinic	☐All ☐1 ☐2 ☐3 ☐4 ☐5
Care Management Services	☐All ☐1 ☐2 ☐3 ☐4 ☐5

Please add any unlisted services below and indicate age range and location.

Unlisted Services	Locations
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section 5 Instructions: Please complete all fields below, including practice location number(s) for each practitioner. *See Section 2 for corresponding location number.* If you have more than 6 practitioners, please attach a roster with the same fields listed in this section.

Category	First Name	Last Name	MI	Degree/Title *(e.g, MD, ARNP, MSW, etc.)*	Gender	Primary Specialty / Secondary Specialty	Taxonomy Code / Affiliated Hospital with Admitting Privileges	Accepting New Patients? / Age Range	Practice Location Number for Practitioner
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty 1: Specialty 2:	Taxonomy: Hospital(s):	Accepting New Patients? ☐ Yes ☐ No From Age ___ to ___ ☐ All Ages	☐ All ☐ 3 ☐ 1 ☐ 4 ☐ 2 ☐ 5

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? ☐ Yes ☐ No ☐ Exclude from Directory

Languages Spoken: ☐ English ☐ Arabic ☐ French ☐ Hindi ☐ Korean ☐ Spanish ☐ Tagalog ☐ Urdu ☐ West African Other (please list):

Date of Birth: Texas Health Steps Provider: ☐ Yes ☐ No

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty 1: Specialty 2:	Taxonomy: Hospital(s):	Accepting New Patients? ☐ Yes ☐ No From Age ___ to ___ ☐ All Ages	☐ All ☐ 3 ☐ 1 ☐ 4 ☐ 2 ☐ 5

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? ☐ Yes ☐ No ☐ Exclude from Directory

Languages Spoken: ☐ English ☐ Arabic ☐ French ☐ Hindi ☐ Korean ☐ Spanish ☐ Tagalog ☐ Urdu ☐ West African Other (please list):

Date of Birth: Texas Health Steps Provider: ☐ Yes ☐ No

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty 1: Specialty 2:	Taxonomy: Hospital(s):	Accepting New Patients? ☐ Yes ☐ No From Age ___ to ___ ☐ All Ages	☐ All ☐ 3 ☐ 1 ☐ 4 ☐ 2 ☐ 5

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? ☐ Yes ☐ No ☐ Exclude from Directory

Languages Spoken: ☐ English ☐ Arabic ☐ French ☐ Hindi ☐ Korean ☐ Spanish ☐ Tagalog ☐ Urdu ☐ West African Other (please list):

Date of Birth: Texas Health Steps Provider: ☐ Yes ☐ No

Category	First Name	Last Name	MI	Degree/Title *(e.g, MD, ARNP, MSW, etc.)*	Gender	Primary Specialty / Secondary Specialty	Taxonomy Code / Affiliated Hospital with Admitting Privileges	Accepting New Patients? / Age Range	Practice Location Number for Practitioner
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty 1: Specialty 2:	Taxonomy: Hospital(s):	Accepting New Patients? ☐ Yes ☐ No From Age ___ to ___ ☐ All Ages	☐ All ☐ 3 ☐ 1 ☐ 4 ☐ 2 ☐ 5

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? ☐ Yes ☐ No ☐ Exclude from Directory

Languages Spoken: ☐ English ☐ Arabic ☐ French ☐ Hindi ☐ Korean ☐ Spanish ☐ Tagalog ☐ Urdu ☐ West African Other (please list):

Date of Birth: Texas Health Steps Provider: ☐ Yes ☐ No

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty 1: Specialty 2:	Taxonomy: Hospital(s):	Accepting New Patients? ☐ Yes ☐ No From Age ___ to ___ ☐ All Ages	☐ All ☐ 3 ☐ 1 ☐ 4 ☐ 2 ☐ 5

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? ☐ Yes ☐ No ☐ Exclude from Directory

Languages Spoken: ☐ English ☐ Arabic ☐ French ☐ Hindi ☐ Korean ☐ Spanish ☐ Tagalog ☐ Urdu ☐ West African Other (please list):

Date of Birth: Texas Health Steps Provider: ☐ Yes ☐ No

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty 1: Specialty 2:	Taxonomy: Hospital(s):	Accepting New Patients? ☐ Yes ☐ No From Age ___ to ___ ☐ All Ages	☐ All ☐ 3 ☐ 1 ☐ 4 ☐ 2 ☐ 5

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? ☐ Yes ☐ No ☐ Exclude from Directory

Languages Spoken: ☐ English ☐ Arabic ☐ French ☐ Hindi ☐ Korean ☐ Spanish ☐ Tagalog ☐ Urdu ☐ West African Other (please list):

Date of Birth: Texas Health Steps Provider: ☐ Yes ☐ No