



AmeriHealth Caritas

Texas Provider Data Intake Form

Section 1 instructions: Please complete all fields below for the provider.

Entity name (as written on W9):	IPA name (if applicable):
Category: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Behavioral health <input type="checkbox"/> MLTSS <input type="checkbox"/> Urgent care <input type="checkbox"/> FQHC <input type="checkbox"/> RHC	
Name doing business as (if applicable):	Provider TIN/EIN # (9 characters):
Primary contact name:	
Primary contact email:	Primary contact phone:
Pay to: Street address:	Building or suite number:
City, state ZIP:	Phone number:

Section 2 instructions: Please complete each section below for all locations, including applicable NPI and Medicaid ID information. (Make additional copies if needed.)

Location	Group name <small>(as it would appear in a provider directory)</small>	Street address	Building or suite number	City	State	ZIP + 4 digits	County	Taxonomy code	Group NPI/Medicaid ID	Phone with area code
Main practice location 1									NPI	
									Medicaid	
Practice location 2									NPI	
									Medicaid	
Practice location 3									NPI	
									Medicaid	
Practice location 4									NPI	
									Medicaid	
Practice location 5									NPI	
									Medicaid	
Practice location 6									NPI	
									Medicaid	



Section 3 instructions: Please complete all fields below by inserting the number of practitioners for each provider type and number of locations for each facility type.

Number of practitioners	Category	Provider type(s)	Number of practitioners	Category	Provider type(s)
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Allergy and immunology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	Orthopedic/orthopedic surgery
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Anesthesiology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	Primary care providers (PCPs)
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Cardiology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	Psychiatry and rehabilitation medicine
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Dermatology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	Pulmonology
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Endocrinology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	Radiology
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Ear, nose, and throat/otolaryngology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	Urgent care
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Gastroenterology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	Urology
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	General surgery	Add # of additional providers		Add additional provider types
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Hematology/oncology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Nephrology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Neurology/neurosurgery		<input type="checkbox"/> Adult <input type="checkbox"/> Child	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Obstetrics/gynecology		<input type="checkbox"/> Adult <input type="checkbox"/> Child	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Ophthalmology/optometry		<input type="checkbox"/> Adult <input type="checkbox"/> Child	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Pediatrician		<input type="checkbox"/> Adult <input type="checkbox"/> Child	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Therapy: occupational		<input type="checkbox"/> Adult <input type="checkbox"/> Child	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Therapy: physical		<input type="checkbox"/> Adult <input type="checkbox"/> Child	
	<input type="checkbox"/> Adult <input type="checkbox"/> Child	Therapy: speech		<input type="checkbox"/> Adult <input type="checkbox"/> Child	



Section 4 instructions: Please complete all fields below by selecting which service(s) are provided at each location from page 1 above. Please use the “Additional location information/notes” column for any special instructions related to the corresponding service (if any).

Services	Additional location information/notes	Locations
Audiology		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Adaptive aids and medical supplies		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Adult foster care		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Assisted living (licensed up to six beds)		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Assisted living/residential care services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Audiology services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Auditory enhancement/auditory integration training		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Behavioral support		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Case management		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Chore service		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Cognitive rehabilitation therapy employment assistance		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Community first choice (PAS AND REHAB)		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Continued family services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Day activity services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Day habilitation		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Dental treatment		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Dietary services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Emergency response service		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Employment assistance		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Financial management services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Habilitation services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Home-delivered meals		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Home health		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Home modifications		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Host home/companion care		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
In-home skilled nursing care		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Intervener		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Lab		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Local mental health authority		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Marriage and family therapist		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Medical services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6



Services	Additional location information/notes	Locations
Minor home modifications		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Nursing		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Nursing facilities		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Occupational therapy services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Optometry		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Orientation and mobility		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Physical therapy services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Prescribed pediatric extended care		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Prevocational services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Residential habilitation		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Respite care		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Skills training		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Social work		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Specialized therapies: therapeutic horseback riding, hippotherapy, massage, recreational, music		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Speech and language pathology		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Speech, hearing, and language therapy services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Supervised living		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Support consultation		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Support family services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Supported employment		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Supported home living		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Transition assistance services		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Urban Indian organizations		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Urgent care center		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Telemedicine (primary care, medical, psych-telehealth) *Please list the service types related to telemedicine in the fields provided.		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6



Services	Additional location information/notes	Locations
Please add any unlisted services and indicate location.		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Notes: Please list any additional information:		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

Section 5 instructions: Please complete all fields below related to the practitioner roster.

Practitioner roster

Location number for practitioner	Waiver number (if applicable from number listed below)*	First name	Last name	MI	Degree	Specialty	CAQH reg. number	Taxonomy code	Group NPI/Medicaid ID	Category
									NPI	<input type="checkbox"/> PCP
									Medicaid	<input type="checkbox"/> Specialist
										<input type="checkbox"/> Hospital-based
									NPI	<input type="checkbox"/> PCP
									Medicaid	<input type="checkbox"/> Specialist
										<input type="checkbox"/> Hospital-based
									NPI	<input type="checkbox"/> PCP
									Medicaid	<input type="checkbox"/> Specialist
										<input type="checkbox"/> Hospital-based
									NPI	<input type="checkbox"/> PCP
									Medicaid	<input type="checkbox"/> Specialist
										<input type="checkbox"/> Hospital-based