PROVIDER Bulletin

February 6, 2014

This Provider Bulletin applies to the lines of business and provider types checked below:

☒ **PHP (Medicare)** ☒ **Primary Care Physicians** ☒ **Specialists**
☒ **PHC (Medicaid)** ☒ **Ancillary** ☒ **Hospitals**

In order to maintain accurate records of your Practice Information, please complete the below provider information fields. This information will support timely reimbursement, PHC/PHP provider directory publications, as well as encounter data submission to State & Federal regulatory agencies. **Please fax completed forms to: (954) 522.3260.**

If you have multiple locations please complete a form each location.

Group / Billing Name:	
Group Physical Address/Phone/Fax:	
Group Billing Address:	
Tax ID:	
SSN / EIN:	
Group Medicaid ID #	
Group Medicare ID#	
Group NPI:	
Panel Status	☐ Open ☐ Closed
Office Hours	**Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday**
Ownership Type **(please check applicable box)**	☐ County Owned ☐ State Owned ☐ City Owned ☐ Church Owned ☐ Privately Owned, For Profit ☐ Privately Owned, Not-For-Profit ☐ Publicly Traded Corporation
Practice Type **(please check applicable box)**	☐ Individual Practice ☐ Individual, Inpatient Hospital Only ☐ Individual, Emergency Room Only ☐ Individual, Outpatient or Clinic Only ☐ Group Practice
Group Specialty (Use National Specialty or Taxonomy Codes)	

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at (954) 522.3132 or email to Remon.Walker@positivehealthcare.org .

PROVIDER Bulletin

Fill out separate form for each physicians affiliated with Group NPI#

Provider Name:	
Provider Tax ID:	
Provider Medicaid ID #	
SSN / EIN:	
Provider Medicare ID#	
Provider NPI:	
Panel Status Open or Closed	
Provider Physical Address/Phone/Fax: (If Different than Group)	
Provider Specialty (Use National Specialty or Taxonomy Codes)	
Ownership Type **(please check applicable box)**	☐ County Owned ☐ State Owned ☐ City Owned ☐ Church Owned ☐ Privately Owned, For Profit ☐ Privately Owned, Not-For-Profit ☐ Publicly Traded Corporation
Practice Type **(please check applicable box)**	☐ Individual Practice ☐ Individual, Inpatient Hospital Only ☐ Individual, Emergency Room Only ☐ 33 = Individual, Outpatient or Clinic Only ☐ 35 = Group Practice
Enroll In Medicaid (If Not Currently Enrolled)	☐ Yes ☐ No
Email Address	

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at (954) 522.3132 or email to Remon.Walker@positivehealthcare.org .