Long-Term Services and Supports (LTSS) Provider Change Form

Community HealthChoices | AmeriHealth Caritas Pennsylvania

CURRENT PRACTICE INFORMATION

Practice name/individual name: _____
(Please circle one ↑)

Practice ID/individual ID: AmeriHealth Caritas PA CHC ID:_____ PPID#_____
(Please circle one ↑)

_____ _____ _____ _____
Contact person name (please print clearly) Phone Fax Email address

_____ _____ _____
Authorizing signature (provider/office manager) Today's date Effective date of change
Change will not be completed without signature.

PROVIDER CHANGE INFORMATION

Provide complete information. This request will be processed for AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC). If any of these changes result in a change on your W-9, you must submit a copy of your W-9 with this change form.

Type of change (please check all that apply):

☐ Adding an office location
☐ Changing an office location
☐ Fax change
☐ Name change only
☐ Phone number change
☐ Other (attach documentation)

PREVIOUS OFFICE INFORMATION

AmeriHealth Caritas PA CHC Provider ID

Name

Street address

City State ZIP

Service counties

NEW OFFICE INFORMATION

AmeriHealth Caritas PA CHC Provider ID

Name

Street address

City State ZIP

Service counties

BILLING LOCATION CHANGE ☐

Street address 1

Street address 2

Street address 3

City State ZIP

Phone Fax Email address

Federal tax ID

(Note: A change in federal ID requires a new W-9.)

CHANGE OF OWNERSHIP ☐

Legal business name of new owner and federal tax ID (requires new W-9) Effective date of ownership

Please fax or mail this change form and supporting documents to AmeriHealth Caritas PA CHC, Provider Contracting Department, 8040 Carlson Road, Suite 500, Harrisburg, PA 17112. Fax 1-717-651-1673.