

# REGISTRATION FOR NON-PARTICIPATING PROVIDERS

## A. CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

## B. PRACTICE INFORMATION

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Title/Degree: \_\_\_\_\_  
Specialty: \_\_\_\_\_ NPI Number: \_\_\_\_\_ Taxonomy Code: \_\_\_\_\_

Group/Facility Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_ NPI Number: \_\_\_\_\_ Taxonomy Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ SSN: \_\_\_\_\_

\*Kentucky Medicaid Number: \_\_\_\_\_ \*Required for payment of services rendered

State License Number: \_\_\_\_\_ State: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

## C. BILLING INFORMATION:

Tax Identification Number: \_\_\_\_\_

Tax Name: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Please fax completed form along with a W-9 to:** Provider Maintenance (484) 496-7685

**or email to:** DL-ACFC\_PHPPProviderMaintenance@amerihealthcaritas.com

Upon receipt of completed form, a provider ID number will be assigned and returned to you via email. Passport Health Plan claims will not be processed without an active Kentucky Medicaid Number. **Questions?** Please contact Provider Services at (800) 578-0775.

To apply for a Kentucky Medicaid Number, please visit: <http://chfs.ky.gov/dms/provenr/application+information.htm>

### IMPORTANT INFORMATION, PLEASE READ

It is **important** that you review the Plan's Member Rights and Responsibilities. To review this document as well as any other provider communications and/or the Provider Manual, please visit [www.passporthealthplan.com](http://www.passporthealthplan.com). If you are unable to access this information online, please contact Provider Services at (800) 578-0775 to obtain a printed copy.

## OFFICE USE ONLY – PROVIDER ID NUMBER ASSIGNMENT

Date Reviewed: \_\_\_\_\_ Assigned PM Rep: \_\_\_\_\_

Plan ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_