providers.amerigroup.com

Practice profile update form

To update your practice profile, fax new information using the form below to the Provider Relations department at 1-855-832-7289. If you have any questions or need assistance, please contact your local Provider Relations representative or call 1-800-454-3730.

1. Sections 1 and 2 must be completed
2. Sections 3-7 only complete the sections where your information has changed
3. Sign and date the form before faxing

1.PROVIDER INFORMATION

Provider name: _____

Gender ☐ Female ☐ Male

Specialty: _____

License number: _____

NPI: _____

2.WHAT TYPE OF INFORMATION ARE YOU UPDATING?

Please check all that apply.

☐ Billing information
☐ Location or contact information
☐ Office hours
☐ Practice details
☐ Primary care provider details
☐ Other: _____

3.PRACTICE DETAILS

Office hours

Monday	_____ a.m.	_____ p.m.
Tuesday	_____ a.m.	_____ p.m.
Wednesday	_____ a.m.	_____ p.m.
Thursday	_____ a.m.	_____ p.m.
Friday	_____ a.m.	_____ p.m.
Saturday	_____ a.m.	_____ p.m.
Sunday	_____ a.m.	_____ p.m.

Age range of patients served:

☐ Pediatric ☐ Geriatric
☐ All ages ☐ Other: _____

Languages spoken: _____

Wheelchair accessible? ☐ Yes ☐ No

4.PRIMARY CARE PROVIDER DETAILS

Primary care providers are REQUIRED to have coverage 24 hours a day, 7 days a week. Please mark your coverage type below.

☐ Answering service ☐ Beeper or pager ☐ Answering machine

☐ Other phone number: _____

Are you accepting new patients? ☐ Yes ☐ No

If yes, please explain: _____

5.BILLING INFORMATION
*Please attach a copy of the current W-9 form for all billing information changes.

New tax ID number? ☐ Yes ☐ No

Tax ID number: _____

Billing address: _____

Phone number: _____

Fax number: _____

Contact person: _____

6.NEW OR AN ADDITIONAL OFFICE LOCATIONS

☐ New location ☐ Additional location

Site name: _____

Site address: _____

Office manager: _____

Phone number: _____

Fax number: _____

Office hours

Monday	_____ a.m.	_____ p.m.
Tuesday	_____ a.m.	_____ p.m.
Wednesday	_____ a.m.	_____ p.m.
Thursday	_____ a.m.	_____ p.m.
Friday	_____ a.m.	_____ p.m.
Saturday	_____ a.m.	_____ p.m.
Sunday	_____ a.m.	_____ p.m.

Accepting new patients?
☐ Yes ☐ No
Age range of patients served:
☐ Pediatric ☐ Geriatric
☐ All ages ☐ Other: _____
Languages spoken: _____
Wheelchair accessible? ☐ Yes ☐ No

7.REMOVE AN OFFICE LOCATION

Do you want to remove an office location? ☐ Yes ☐ No
Site name: _____

Site address: _____

Office manager: _____

Phone number: _____

Fax number: _____

To add or remove additional office locations, attach a separate sheet.

Signature: _____

Printed name: _____

Contact phone number: _____

Contact phone number: _____

Date completed: _____

Date received by Amerigroup Iowa, Inc.: _____

For office use only.