Amerigroup RealSolutions in healthcare

https://providers.amerigroup.com

Practice Profile Update Form

To update your practice profile, fax new information using the form below to the Provider Data Management department at 757-963-0595. If you have any questions or need assistance, please contact your Provider Relations representative or call 1-800-454-3730.

1. Do not complete the entire form. Only fill in sections where your information has changed.
2. You must complete the Provider Information section.
3. Sign and date the form before faxing.

Provider information

Provider name _____

Gender: ☐ Female ☐ Male

Specialty _____

License number _____

NPI _____

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 _____

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

Primary care provider details

Primary care providers are <u>required</u> 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: _____

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 _____

New or an additional office location

☐ 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

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 _____

Date completed _____
Date received by Amerigroup _____
For office use only