

Section 1 Instructions: Please complete all fields below for the provider

Entity Name (as written on W9):						
IPA name (if applicable):			Billing Type: UB-04/Institutional CMS-1500/Professional			
Name Doing Business As (if applicable):			W-9 TIN/EIN (nine characters):		NCTracks Provider ID:	
Primary Contact Name:		Primary Contact Email:			Primary Contact Phone:	
	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	Telephone (with Area Code)
Pay to Address						
Recoveries Address <i>Same as Pay To Address</i>						
Organization Website:						

Section 2 Instructions: Please complete each section below for all locations including applicable NPI or Atypical ID information. **(Make additional copies if needed.)**

Practice Location #	Facility Name (as appearing in provider directory)	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax (with Area Code)	Telephone (with Area Code)
1 <i>Main Location</i>									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- | | | |
|---------|---------|------------|
| Arabic | ASL | Chinese |
| French | Hmong | Korean |
| Russian | Spanish | Vietnamese |
- Other (please list):

Practice Location 1 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				

AmeriHealth Caritas North Carolina Facility Data Intake Form



Practice Location #	Facility Name <i>As it will appear in provider directory</i>	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
2									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic ASL Chinese
- French Hmong Korean
- Russian Spanish Vietnamese
- Other (please list):

Practice Location 2 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
3									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic ASL Chinese
- French Hmong Korean
- Russian Spanish Vietnamese
- Other (please list):

Practice Location 3 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				

AmeriHealth Caritas North Carolina Facility Data Intake Form



Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
4									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic ASL Chinese
- French Hmong Korean
- Russian Spanish Vietnamese
- Other (please list):

Practice Location 4 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
5									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic ASL Chinese
- French Hmong Korean
- Russian Spanish Vietnamese
- Other (please list):

Practice Location 5 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				



Section 3 Instructions: Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Group Locations					
Blind/ Visually Impaired (ADA5)	All	1	2	3	4	5
Cognitively Disabled (ADA6)	All	1	2	3	4	5
Deaf or Hard of Hearing (ADA7)	All	1	2	3	4	5
Examination Rooms - Compliant Access (ADA3)	All	1	2	3	4	5

ADA Compliance	Group Locations					
Handicap Accessible Medical Equipment (ADA4)	All	1	2	3	4	5
Rest Rooms - Compliant Access (ADA2)	All	1	2	3	4	5
Service Location - Compliant Access (ADA1)	All	1	2	3	4	5

Section 4 instructions: Please complete all fields below by selecting which service(s) are provided at each location and ages served.

Habilitative and Rehabilitative Services

Cardiac Rehabilitation	All	1	2	3	4	5
Physical Therapy	All	1	2	3	4	5

Imaging

Imaging Center	All	1	2	3	4	5
Mammography	All	1	2	3	4	5
Radiology Service Available	All	1	2	3	4	5
Ultrasound	All	1	2	3	4	5

Home Health Services (Clinical)

Home Health Care - Adult	All	1	2	3	4	5
Home Health Care - Pediatric	All	1	2	3	4	5
Home Infusion Services - Adult	All	1	2	3	4	5
Home Infusion Services - Pediatric	All	1	2	3	4	5

Home Care Services (Non-Clinical)

Home And Vehicle Modifications	All	1	2	3	4	5
Home Delivered Meals	All	1	2	3	4	5
Home Modification	All	1	2	3	4	5
Personal Care Services - Non-Skilled	All	1	2	3	4	5
Personal Care Services - Skilled	All	1	2	3	4	5
Personal Emergency Response System (PERS)	All	1	2	3	4	5
Respite Care – In Home	All	1	2	3	4	5
Respite Care - Institutional	All	1	2	3	4	5

Medical Therapies

Chemotherapy	All	1	2	3	4	5
Hemodialysis	All	1	2	3	4	5
IV Outpatient Services	All	1	2	3	4	5
Peritoneal Dialysis	All	1	2	3	4	5



Transplants

Transplant - Heart	All	1	2	3	4	5
Transplant - Intestinal	All	1	2	3	4	5
Transplant - Kidney	All	1	2	3	4	5
Transplant - Liver	All	1	2	3	4	5
Transplant - Lung	All	1	2	3	4	5
Transplant - Pancreas	All	1	2	3	4	5

Transportation

Services	Locations					
Ambulance Services	All	1	2	3	4	5
Non-Emergency Medical Transportation	All	1	2	3	4	5

Sleep Testing

In Center Sleep Testing	All	1	2	3	4	5
In Home Sleep Testing	All	1	2	3	4	5

Telemedicine

Telepsychiatry	All	1	2	3	4	5
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Miscellaneous Services

Durable Medical Equipment	All	1	2	3	4	5
Family Planning Services	All	1	2	3	4	5
Laboratory Services Available	All	1	2	3	4	5
Nutritional Counseling	All	1	2	3	4	5
Orthotics and Prosthetics	All	1	2	3	4	5
School Based Clinic	All	1	2	3	4	5
Care Management Services	All	1	2	3	4	5

Please add any unlisted services below and indicate age range and location.

Unlisted Services	Locations					
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5

Unlisted Services	Locations					
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5
	All	1	2	3	4	5

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