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Indiana Care Select Program, ADVANTAGE Health Solutions, Inc. Provider Demographic Information

(Initial applicable category)

_____ Primary Care Physician

_____ Specialist: type _____

_____ Group/IPA (a list of constituent members with their License and Narcotic numbers is attached and incorporated herein)

_____ Hospital or Facility	Handicap Accessible:	Yes _____	No _____
_____ Ancillary Provider: type _____	Wheelchair ramp:	Yes _____	No _____
_____ Pharmacy	Bathrooms rails:	Yes _____	No _____
_____ Other: type _____	Treatment room rails:	Yes _____	No _____
	Handicap Parking:	Yes _____	No _____

Tax I.D. No. _____

Medicaid Provider Rendering # _____ Group Medicaid Rendering # _____

Indiana Medical License No. _____ Narcotics No. _____

NPI No. _____ CAQH #: _____

1. Physician/Provider Information:

Last Name (include MD, DO, etc)	First	MI
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2. Physical Location #1

Street: _____ City: _____ State: _____ Zip: _____ County _____

Phone Number : (____) ____ - ____ Email: _____

Fax Number : (____) ____ - ____ After hours phone number : (____) ____ - ____

Office Hours (example 9-5, Monday –Friday): _____

Estimate amount of time spent at this location (hours per week): _____

3. Physical Location #2

Street: _____ City: _____ State: _____ Zip: _____ County _____

Phone Number :(____) ____ - ____ Email: _____

Fax Number :(____) ____ - ____ After hours phone number :(____) ____ - ____

Office Hours (example 9-5, Monday –Friday): _____

Estimate amount of time spent at this location (hours per week): _____

If you have more than two locations please list required information on separate sheet of paper.

4. Health Plans are required to maintain the following information for practitioners:

Date Of Birth (MM/DD/Year)	Age	Gender M/F	Ethnicity	Languages Spoken (other than English)

5. Do you have ARNP's or PA's in your practice? Yes ___ No ___ If yes-please list their name(s).

Name	Credentials	Medicaid Rendering Number if Applicable

6. Hospital Affiliation(s): _____

7. Do you have admitting, provisional, or consulting privileges?(choose one): _____