

# WellCare Provider Profile Sheet

## Provider Name, Specialty and Hospital Privileges



Provider/Practice Name:

Tax ID:

Please list all providers that fall under this tax ID.

Full Name	NPI #	CAQH # <sup>1</sup>	Specialty	Sub Specialty	EHR <sup>4</sup>	PCP <sup>2</sup>	Telehealth Services	Accepting New Patients	Provider Practice Locations A, B, C, D <sup>3</sup>	Hospital Name(s) Where Provider Has Admitting Privileges
					Yes No	Yes No	Yes No	Yes No		
					Yes No	Yes No	Yes No	Yes No		
					Yes No	Yes No	Yes No	Yes No		
					Yes No	Yes No	Yes No	Yes No		
					Yes No	Yes No	Yes No	Yes No		

<sup>1</sup> CAQH (Council for Affordable Quality Healthcare) provider ID is a unique number issued by this company to each individual provider enrolled in their program.

<sup>2</sup> Participating as Primary Care Physician.

<sup>3</sup> Indicate the letter of each location listed in the section below at which each provider renders services. Please indicate which is their primary office address by listing the letter for that location first (e.g., A, B or C; D or A only).

<sup>4</sup> Electronic Health Records

Provider Practice Locations – include suite and building numbers (not hospital addresses)	Contact Name	Phone Number	Fax Number
A			
B			
C			
D			

If you have more practitioners than the space above allows, you may submit multiple sheets by photocopying this template, or submit a provider roster that contains all of the above information.

Main Contact for Contract:

Main Contact's Phone Number:

## Billing/Vendor Information

Name of payee on checks

Tax ID (if different than above)

Billing Address

City

State

Zip

County

Billing Contact Name

Billing Contact Phone Number

Billing Office Fax Number

Billing NPI#

Billing Taxonomy#

Provider Practice Location is one of the following (check applicable box):	Provider Practice Location (A, B, C, D)
<input type="checkbox"/> Independent Rural Health Clinic	
<input type="checkbox"/> Provider-based Rural Health Clinic	
<input type="checkbox"/> Federally Qualified Health Center	
<input type="checkbox"/> Certified Community Mental Health Center	
<input type="checkbox"/> Primary Care Medical Home (PCMH)	
<input type="checkbox"/> Behavioral Health Medical Home	
<input type="checkbox"/> County Health Department	

