

Wellcare Provider Profile Sheet

Provider Information and Locations



Facility/Group:

Tax ID:

Please list all providers that fall under this tax ID

Do the providers in this practice regularly participate in cultural competency training. Yes No

Full Name	Degree	NPI Number	Medicaid ID	PCP (Y/N) ¹	Specialty(ies)	Locations: A, B, C, D ²
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		

¹Participating as Primary Care Physician (Yes or No)

²Indicate 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, or A only).

Provider Practice/Facility 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 roster that contains all of the above information.

Billing Name and Address:

Main Contact Name for Contract:

Main Contact Phone Number: