



**PROVIDER ADD FORM & PARTICIPATION REQUEST**

**TO EXPEDITE PROCESSING OF YOUR CREDENTIALING APPLICATION, PLEASE ENSURE THAT YOUR CAQH® APPLICATION IS COMPLETE AND A SIGNED ARIZONA PRIORITY CARE RELEASE IS ATTACHED**

Please complete the following and return to:

**EMAIL: provider.network@azprioritycare.com or FAX: (480) 499-8729**

Name/Title (person completing this form)	Telephone	Fax	Date
Email Address			

**Section I**

**Provider Information**

Last Name	First Name	MI	Degree (MD, DO, etc)	Gender
Group Name (as it appears on W-9)			Date Provider Effective with Group	
Tax ID #	Social Security #	Date of Birth	CAQH #	
Individual NPI #	AHCCCS #	DEA #	DEA # Expiration Date	
License #	Certified to participate in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare #	Foreign Language(s)	
Type (PCP or Specialist)	If PCP NP, do you want members assigned to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specialty	Sub-Specialty	
Malpractice Insurance Carrier		Hospital Affiliation(s) (attach list if necessary)		
Electronic Billing Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Electronic Medical Records? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Prescribing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Contracting: <input type="checkbox"/> Office-based practice <input type="checkbox"/> Hospitalist <input type="checkbox"/> Other: _____	

**Section II**

**Correspondence / Credentialing Address**

Address, City, State, & Zip Code(with last 4 digits)	
Telephone	Fax
Contact Name	Email Address

**Section III**

**Physical Billing Address**

Address	
City, State, & Zip Code(with last 4 digits)	
Telephone	Fax

**Payment Address**

Address	
City, State, & Zip Code(with last 4 digits)	
Telephone	Fax

**Section IV**

**Primary Practice Address (if applicable, attach page for additional locations)**

Address, City, State, & Zip Code(with last 4 digits)			
County	Telephone	Fax	Office Hours/Days
Email Address		Website	