

Pediatric Integrated Care System, 1699 SW 16th Ave, Gainesville, FL 32608-1153 (866) 376-2456

PARTICIPATING GROUP CHANGE/UPDATE FORM

Please complete applicable information and fax back to Ped-I-Care at (352) 294-8081

Today's Date: _____ Remit address change?

Group Name: _____ Tax ID: _____

Remit Address: _____

City, State: _____ Zip: _____ Phone: _____ Fax: _____

Contact Name: _____ Email Address: _____

Contact Phone: _____ AHCA Facility License: _____

Medicaid #: _____ NPI #: _____ Taxonomy #: _____

If the provider is *not* CMS credentialed, you must submit a Letter of Interest at <http://ccpcare.org/wp-content/uploads/2016/08/CMS-LOI-Requirements-2.pdf>

Date LOI submitted _____

We recommend that newly contracted Ped-I-Care Title XIX providers complete fraud and abuse training upon signing and annually thereafter. The training is located at <http://www.pedicare.peds.ufl.edu/compliance/index.html>

Please provide the following for each provider. Use additional pages as necessary.

Provider Information	ADD	DELETE
Provider Name		
Provider Specialty		
Hospitalist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
PCP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Effective Date		Term Date:
Social Security #		
Gender		
License #		
Medicaid #		
NPI #		
Taxonomy #		
DEA #		
Language(s)		
Facility Name		
Facility Address		
Facility Phone #		
Facility NPI #		
Facility Medicaid #		
Facility Hours of Operation		