

### Avera Health Plans: Contracted Providers Contact and Set-Up Form

Legal Business Name: \_\_\_\_\_

Website: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

**Physical Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Credentialing Contact Information:**  Same as business manager contact information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of third party vendor, if used: \_\_\_\_\_

**Correspondence Address**  Same as physical address above

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

**Billing Contact Information:**  Same as business manager contact information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of third party vendor, if used: \_\_\_\_\_

**Payment Address**  Same as physical address above

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

**Medical Records Contact Information:**  Same as business manager contact information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Business Manager Contact Information:**

*Main administrator for AHP Provider Portal, Responsible for Provider Directory Accuracy Attestations*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Email address(es) you would like Provider View Newsletter delivered to:**

Email(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Avera Health Plans: Roster

Legal Business Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

DBA Name: \_\_\_\_\_

**Locations**

	<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>	<u>#5</u>	<u>#6</u>
Practice Name	_____	_____	_____	_____	_____	_____
Practice Address	_____	_____	_____	_____	_____	_____
City	_____	_____	_____	_____	_____	_____
State, Zip	_____	_____	_____	_____	_____	_____
Phone	_____	_____	_____	_____	_____	_____
Billing NPI	_____	_____	_____	_____	_____	_____
		<input type="checkbox"/> Outreach Location	<input type="checkbox"/> Outreach Location	<input type="checkbox"/> Outreach Location	<input type="checkbox"/> Outreach Location	<input type="checkbox"/> Outreach Location

	#1	#2	#3	#4	#5	#6
<b>AHP Only- Category Setup</b>	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL
	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH
	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL
	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System
	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct
	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health
	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories

AHP Only- Set- Up	ROSTER							LOCATIONS					
								(use numbers from locations above)					
	Provider Name	Credentials	Specialty	NPI	Date of Birth	Employment Start Date	Primary	Alternate	Alternate	Alternate	Alternate	Alternate	
	<b>Example:</b> John Smith	MD, DO, Etc	Rheumatology	1234567890	01/01/1999	05/01/2022	3	1	2	4	5	6	
<input type="checkbox"/>	1. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	2. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	3. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	4. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	5. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	6. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	7. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	8. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	9. _____	_____	_____	_____	_____	_____							
<input type="checkbox"/>	10. _____	_____	_____	_____	_____	_____							

**AHP ONLY:** Roster reviewed and signed off by: \_\_\_\_\_ Date: \_\_\_\_\_ Group Practice Name to enter in "Name" field in Cactus:  Legal Business Name  DBA Name

## Avera Health Plans: Roster

Legal Business Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

DBA Name: \_\_\_\_\_

**Locations**

	<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>	<u>#5</u>	<u>#6</u>
Practice Name	_____	_____	_____	_____	_____	_____
Practice Address	_____	_____	_____	_____	_____	_____
City	_____	_____	_____	_____	_____	_____
State, Zip	_____	_____	_____	_____	_____	_____
Phone	_____	_____	_____	_____	_____	_____
Billing NPI	_____	_____	_____	_____	_____	_____
		<input type="checkbox"/> Outreach Location	<input type="checkbox"/> Outreach Location	<input type="checkbox"/> Outreach Location	<input type="checkbox"/> Outreach Location	<input type="checkbox"/> Outreach Location

<b>AHP Only- Category Setup</b>	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL	<input type="checkbox"/> SD, IA, NE- ALL
	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH	<input type="checkbox"/> ASO-AH
	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL	<input type="checkbox"/> ASO-ALL
	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System	<input type="checkbox"/> Avera Care System
	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct	<input type="checkbox"/> Avera Direct
	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health	<input type="checkbox"/> Avera Health
	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories	<input type="checkbox"/> NO Categories

AHP Only- Set-Up	ROSTER						LOCATIONS						
							(use numbers from locations above)						
		Provider Name	Credentials	Specialty	NPI	Date of Birth	Employment Start Date	Primary	Alternate	Alternate	Alternate	Alternate	Alternate
	<b>Example:</b>	<i>John Smith</i>	<i>MD, DO, Etc</i>	<i>Rheumatology</i>	<i>1234567890</i>	<i>01/01/1999</i>	<i>05/01/2022</i>	3	1	2	4	5	6
<input type="checkbox"/>	11.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	12.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	13.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	14.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	15.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	16.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	17.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	18.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	19.	_____	_____	_____	_____	_____	_____						
<input type="checkbox"/>	20.	_____	_____	_____	_____	_____	_____						

**AHP ONLY:** Roster reviewed and signed off by: \_\_\_\_\_ Date: \_\_\_\_\_