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

Legal Business Name: _____
DBA Name: _____
Website: _____
Tax ID: _____

Physical Address
Address: _____
City: _____
State: _____
Zip: _____
County: _____
Phone Number: _____
Fax Number: _____
Email: _____

Correspondence Address ☐ *Same as physical address above*
Address: _____
City: _____
State: _____
Zip: _____
County: _____

Payment Address ☐ *Same as physical address above*
Address: _____
City: _____
State: _____
Zip: _____
County: _____

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: _____

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: _____

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: _____

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

	#1	#2	#3	#4	#5	#6
Practice Name						
Practice Address						
City						
State, Zip						
Phone						
Billing NPI						
		☐ Outreach Location	☐ Outreach Location	☐ Outreach Location	☐ Outreach Location	☐ Outreach Location

ROSTER

	Provider Name	Credentials	NPI	Date of Birth	Employment Start Date	LOCATIONS (use numbers from locations above) Primary	Alternate	Alternate	Alternate	Alternate	Alternate
Example:	*John Smith*	*MD, DO, Etc*	*1234567890*	*01/01/1999*	*05/01/2022*	*3*	*1*	*2*	*4*		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											