

Currently participating in the First Choice by Select Health of South Carolina (Medicaid) network

Please select all plans you would like to join:

- | | |
|--|--|
| <input type="checkbox"/> First Choice by Select Health of South Carolina (Medicaid) | <input type="checkbox"/> First Choice VIP Care (Medicare Advantage dual-eligible special needs plan [D-SNP]) |
| <input type="checkbox"/> First Choice Next (individual and family health plans both on and off the Exchange [ACA]) | <input type="checkbox"/> First Choice VIP Care Plus (Medicaid Medicare plan) |
| | <input type="checkbox"/> All |

Date:

Completed form should be returned to your Account Executive or ProviderRecruitmentNext@amerihealthcaritas.com.

Specialty:

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Primary care provider (PCP) | <input type="checkbox"/> Behavioral health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Ancillary | <input type="checkbox"/> Dental | |

Group or provider information

Legal entity name (W9):

Tax ID number (TIN):

Group NPI:

CAQH number:

Medicaid number:

Legal entity signatory:

Legal entity signatory title:

Notice correspondence information

Legal notice mailing address, including contact name:

Contact information for contract processing

Contact name:

Title:

Mailing address:

Check if primary address is the same as the mailing address.

Contact phone:

Contact email:

Assignment of payment

Compensation payable by First Choice Next is payable to the TIN and address above. Yes No

If **no**, payment is to be assigned to:

Name:

TIN:

Address: