

# Additional Practice Form

Arkansas Health Network



**Form instructions:** Please complete this form to submit supplemental information about additional practice locations that operate under the same Tax ID Number (TIN) as identified on your Network Application. Complete as many pages as needed to accommodate all locations and attach to your Network Application Form.

**For application questions contact our office:** 501.552.3547 or info@arkansashealthnetwork.com

## Section 1 - Individual/Group Practice Details

**Important:** If there any providers who use a **different** Tax ID or TIN, a separate AHN application must be submitted!

Additional Practice Location # \_\_\_\_\_

Practice Information (ALL fields are required)			
Legal business name			
"Doing business as" (DBA) name, if different than above			
Practice Specialty			
Tax ID Number (TIN)		Practice/Group NPI	
Primary phone number	Secondary phone number	Fax number	
Practice address (where providers see patients)	City	State	Zip
Mailing address (if different from above)	City	State	Zip
Billing address (if different from above)	City	State	Zip
Practice email	Website (URL) if applicable		
Do you use an electronic medical record (EMR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	EMR Name	EMR Version

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**Practice Contacts** *Please fill in each of the contact types below. They may be the same person. Check one as the Primary Contact.*

Primary Contact? <input type="checkbox"/>	Executive Director	First name	Middle initial	Last name
		Email address	Phone number	Position or title
Primary Contact? <input type="checkbox"/>	Practice Manager	First name	Middle initial	Last name
		Email address	Phone number	Position or title
Primary Contact? <input type="checkbox"/>	Credentialing Manager <i>(for roster information updates)</i>	First name	Middle initial	Last name
		Email address	Phone number	Position or title
Primary Contact? <input type="checkbox"/>	Other Contact <i>(Optional)</i>	First name	Middle initial	Last name
		Email address	Phone number	Position or title

**Insurance Credentialing**

Cigna Credentialing <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES:</i> <input type="checkbox"/> In Process	Estimated date of completion:	
	<input type="checkbox"/> Completed	Effective Date:	Completed Notification Date:
BCBS Credentialing <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES:</i> <input type="checkbox"/> In Process	Estimated date of completion:	
	<input type="checkbox"/> Completed	Effective Date:	Completed Notification Date:
Centene/QualChoice Credentialing <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES:</i> <input type="checkbox"/> In Process	Estimated date of completion:	
	<input type="checkbox"/> Completed	Effective Date:	Completed Notification Date:
Aetna Credentialing <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES:</i> <input type="checkbox"/> In Process	Estimated date of completion:	
	<input type="checkbox"/> Completed	Effective Date:	Completed Notification Date:
UMR/UHC Credentialing <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES:</i> <input type="checkbox"/> In Process	Estimated date of completion:	
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Practice Specialty			
Tax ID Number (TIN)		Practice/Group NPI	
Primary phone number	Secondary phone number	Fax number	
Practice address (where providers see patients)	City	State	Zip
Mailing address (if different from above)	City	State	Zip
Billing address (if different from above)	City	State	Zip
Practice email		Website (URL) if applicable	
Do you use an electronic medical record (EMR)? <input type="checkbox"/> Yes <input type="checkbox"/> No		EMR Name	EMR Version

Practice Contacts <i>Please fill in each of the contact types below. They may be the same person. Check one as the Primary Contact.</i>				
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Primary Contact? <input type="checkbox"/>	Credentialing Manager <i>(for roster information updates)</i>	First name	Middle initial	Last name
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Mailing address (if different from above)	City	State	Zip

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Billing address (if different from above)		City	State	Zip
Practice email		Website (URL) if applicable		
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