Hometown Health | Senior Care Plus
A Medicare Advantage Plan from Hometown Health.

Add Provider to Existing Contracted Group **DATE:** _____

PRACTICE NAME: _____ **TAX ID:** _____

GROUP NPI: _____

CREDENTIALING CONTACT / ADDRESS:

CONTACT / TITLE _____

ADDRESS _____
Street City ST Zip

PHONE _____ **FAX** _____ **EMAIL** _____

INFORMATION ABOUT PROVIDER BEING ADDED TO PRACTICE:

PROVIDER NAME: _____ **TITLE:** _____

SPECIALTY 1: _____ **SPECIALTY 2:** _____

START DATE WITH GROUP: _____ **DOB:** _____ **NPI#:** _____

CAQH #: _____ **(Check one) TELEHEALTH ONLY** ☐
IN OFFICE/NO TELEHEALTH ☐
IN OFFICE AND TELEHEALTH ☐

Please mark all applicable boxes below indicating the setting(s) where services are provided:

☐ **Hospital**
Please list Hospital affiliations _____

☐ **Ambulatory Surgery Center**
Please list ASC affiliations _____

☐ **Office**

PRACTICE LOCATION(S) ADDRESS: **Primary practice location should be listed in [1] ADDRESS**

[1] ADDRESS: **Accessibility for people with physical disabilities:** yes ☐ no ☐

_____
Street

_____
City ST Zip Phone Fax

[2] ADDRESS: **Accessibility for people with physical disabilities:** yes ☐ no ☐

_____
Street

_____
City ST Zip Phone Fax

If you have additional addresses to add, please attached a roster with this form

UPON COMPLETION PLEASE EMAIL TO ProviderUpdates@HometownHealth.com WITH A SUBJECT LINE INCLUDING THE GROUP NAME AND TIN, OR FAX TO HOMETOWN HEALTH AT: 775-982-8003