



Arizona Association of Health Plans

Credentialing Alliance

ORGANIZATIONAL DATA FORM

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY INCLUDING ATTACHMENTS SO THAT WE MAY PROCESS YOUR REQUEST. New providers receive written confirmation of their effective date with the health plan. Members may not be seen until the provider receives written confirmation that a request or change is approved and completed (this includes approval by the Credentialing Committee if applicable). Please Type or Print Clearly.

DIRECTIONS:

- Please type or print this form clearly and return the completed form with attachments (attachments will need to be scanned if submitted electronically)
Please complete a separate Organizational Data Form for entities with different AHCCCS ID #'s and/or License #'s.

Attach the following:

- IRS 941 coupon or accurate W9
Liability insurance face/certificate
List of practitioners providing services at each location (See AzAHP Ancillary Provider Roster) (if applicable)
Copy of all accreditation certificates (including Medicare)
NON-ACCREDITED FACILITIES: Copy of most recent State and/or Medicare Survey Audit

1099 Registered Name (Required): Tax ID #:

Facility Name/DBA (if applicable):

Lines of Business: Medicaid Medicare Commercial License #: State: Exp. Date:

Is provider a Medicare participating provider? Yes No AHCCCS I.D.#: Organizational NPI#:

Facility Type (check all that apply): Acute Rehab, Family Planning, O&P, Transportation, Assisted Living Center, ASC, Home Health, PT/OT/ST, Urgent Care, Assisted Living Home, Dialysis, Hospice, Radiology, Vision, FQHC, DME/Infusion, Hospital, Sleep Center, Wound Care, Outpatient Medical Rehab Center, Enteral, Lab, SNF, Behavioral Health, Other

Billing Service Name (if applicable): Phone #: Fax #:

PAY TO ADDRESS (All payments sent to this address) Address: City: State: Billing Phone Number: Billing Fax #: Zip Code:

PRIMARY ADDRESS (Physical location where services are performed) *Attach additional locations Address: City: Zip Code: Phone #: Fax #: County: Modalities: Hours:

MAILING ADDRESS: (All correspondence will be sent to this address) Address: City: Zip Code: E-mail Address: County:

CREDENTIALING CONTACT: Name: E-mail Address: Address: Phone: City: State: Zip Code: Fax:

Describe Your Medical Record Keeping System(s) (i.e. EMR, Paper, etc.):

Describe Your Cost Record Keeping System(s) (i.e. Billing or A/R system):

Electronic Claims Submission? Yes No Internet Access? Yes No Is this a minority or female owned business? Yes No

Electronic Funds Transfer? Yes No

The fax number and phone number for each participating plan is listed in the table below.

If your intent is to apply for participation in a Health Plan network, please send only to the Plan(s) you are interested in joining. NOT ALL Plans provide services in every county. Please contact the Plan directly to verify that they provide services in your county and that they are accepting new providers.

If you are adding a location/facility under an existing Health Plan contract, please only send to the Plan(s) you are contracted with.

HEALTH PLAN	PHONE	FAX	WEBSITE
Bridgeway Health Solutions	(866) 475-3129	(866) 687-0514	www.bridgewayhs.com
Care1st Health Plan Arizona	(602) 778-1800 (options in order 5, 7)	(602) 778-1875	www.care1st.com/az
Comprehensive Medical and Dental Program (CMDP)	(602) 351-2245 or (800) 201-1795 (options in order 1, 2, 3)	(602) 264-3801	www.azdes.gov/cmdp
Health Choice Arizona	(800) 322-8670 (options in order 4, 7)	Maricopa/Pima/Gila/Pinal: (480) 760-4975 Apache/Navajo/Mohave/Coconino: (480) 760-4709	www.healthchoiceaz.com
Health Net Access	(800) 289-2818	Apache/Coconino/Gila/LaPaz/ Maricopa/Mohave/Navajo/ Yavapai: (602) 794-1803 Cochise/Graham/Greenlee/Pima/ Pinal/Santa Cruz/Yuma: (520)258-5172	www.healthnet.com
Mercy Care Plan	(602) 263-3000 (Express Code 631)	(860) 975-3201	www.mercycareplan.com
Phoenix Health Plan	(602) 824-3720	(602) 674-6670	www.phoenixhealthplan.com
UnitedHealthcare Community Plan	(877) 842-3210	(612) 234-0211	www.uhccommunityplan.com
The University of Arizona Health Plans	(520) 874-5290 or (800) 552-5656	(520) 874-7142	www.ufcaz.com www.mhpaz.com www.universitycareadvantage.com www.universityhealthcaregroup.com

Each plan retains the right to make their own contracting decisions (whether or not to add organizations to their network) and also will make their own credentialing committee decisions (review of the primary source verification information obtained by OptumInsight™ resulting in approval/denial by the plan's committee). You will receive separate communication from each plan regarding the effective date of your credentialing and the effective date of your contract.