



WellCare Physician Profile Sheet

Group/Practice Name:

Tax ID:

Please list all providers that fall under this tax ID.

PROVIDER NAME, SPECIALTY AND HOSPITAL PRIVILEGES

Full Name	NPI #	Degree	CAQH Number ¹	Specialty	PCP ²	Date of Birth	Hospital Name(s) Where Provider Has Admitting Privileges	Provider Practice Locations A, B, C, D ³
					Y N	/ /		
					Y N	/ /		
					Y N	/ /		
					Y N	/ /		
					Y N	/ /		

¹ CAQH (Council for Affordable Quality Healthcare) provider ID is a unique number issued by this company to each individual provider enrolled in their program.

² Participating as Primary Care Physician (Yes or No)

³ Indicate the letter of each location listed in the section below at which each provider renders services. Please indicate which is their primary office address by listing the letter for that location first (e.g., A, B or C; D or A only).

Provider Practice Locations – include suite and building numbers (*not hospital addresses*)

Contact Name

Phone Number

Fax Number

A

B

C

D

Main Contact for Contract:

Main Contact's Phone Number:

If you have more practitioners than the space above allows, you may submit multiple sheets by photocopying this template, or submit a provider roster that contains all of the above information.