



MISSOURI CARE (A WELLCARE COMPANY) PROVIDER PROFILE SHEET

PROVIDER NAME, SPECIALTY AND HOSPITAL PRIVILEGES

Provider/Practice Name:

Tax ID:

Please list all providers that fall under this tax ID.

Full Name	NPI #	CAQH # ¹	Specialty	PCP ²	Telehealth Services ³	Accepting New Patients	List in Directory	Hospital Name(s) Where Provider Has Admitting Privileges	Provider Practice Locations A, B, C, D ⁴
				Y N	Y N	Y N	Y N		
				Y N	Y N	Y N	Y N		
				Y N	Y N	Y N	Y N		
				Y N	Y N	Y N	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.

³ Telehealth Services are defined under the Missouri Code of State Regulations 13 CSR 70-3.190 Telehealth Services.

⁴ 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			

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.

Main Contact for Contract: Main Contact's Phone Number:

BILLING/VENDOR INFORMATION

Name of payee on checks Tax ID (if different than above)

Billing Address City State Zip County

Billing Contact Name Billing Contact Phone Number Billing Office Fax Number

Billing NPI# Billing Taxonomy#

Provider Practice Location is one of the following (check applicable box):	Provider Practice Location (A, B, C, D)
<input type="checkbox"/> Independent Rural Health Clinic	
<input type="checkbox"/> Provider-based Rural Health Clinic	
<input type="checkbox"/> Federally Qualified Health Center	
<input type="checkbox"/> Certified Community Mental Health Center	
<input type="checkbox"/> Primary Care Health Home (PCHH)	