

Join Today in 4 EASY STEPS!

1

Complete the Participating Provider Agreement

- Enter the contracted provider name/contract entity name on Page 1 of the Provider Agreement- Please note, this name must match the legal name on the W-9
- Sign and date Page 21 of the Provider Agreement
 - Please complete all lines in the right-hand column only

2

Complete the W-9

- Please use the most recent IRS W-9 form that is provided in your packet

3

Complete the enclosed Profile Sheet or include your roster

4

Return the above completed paperwork in the self-addressed postage-paid return envelope

For your convenience, you may also fax your documents to 1-877-277-1815 or e-mail to NetworkExpansion@wellcare.com or mail to the address below.

Questions? Call WellCare Network Development at 1-855-599-3814



Beyond Healthcare. A Better You.

P.O. Box 31409, Tampa, FL 33633-0029