Provider Profile Sheet

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SUBMISSION INSTRUCTIONS

Absolute Total Care providers: Submit the completed form and current W-9 to SouthCarolinaPDM@centene.com

Wellcare providers: Submit the completed form and current W-9 to your assigned Provider Engagement Account Manager (PEAM).

FIND YOUR PEAM

Use your PEAM Lookup Resource to locate your assigned PEAM

Group/Practice Name:		Tax ID:	

Full Name	Individual NPI #	CAQH #	DOB [MM/DD/YYYY]	Medicaid ID if applicable	Medicare ID if applicable	Specialty	Age Limit	PCP	Panel Status	Effective Date	Locations: A, B, C, D[2]

[1] Participating as a Primary Care Provider (Yes or No)

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

	Practice/Facility Locations (include suite and building numbers)	Organizational NPI #	Office Hours	Phone Number	Fax Number
A					
B					
C					
D					

If additional practitioners are needed, submit another electronic form page or roster containing all required information.

Financial/Pay to Address:		Contract Representative:	
Contract Representative Email Address:		Contract Representative Phone Number:	

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