

Contract Initiation Form



Thank you for your interest in becoming a part of the **PA Health & Wellness Community HealthChoices** network!
To get started on becoming a Participating Provider you will need to send us this Contract Initiation Form and a copy of your W-9. Please complete a Contract Initiation Form for each tax ID associated with your organization.

Email the form and your W-9 to LTSS_PHW_PROVIDER_GROUP@PAHEALTHWELLNESS.COM

Legal Provider name as it appears on W-9:	
Provider signing authority email address:	
TAX ID #	
Provider street address:	
City:	
State:	
ZIP:	
NPI #	
Medicare #	
Medicaid #	
ATTN: (Individual to whom it will be addressed)	
Notices email:	

↓ Check all that apply		
Contract request for:		Medicaid
		Medicaid/Medicare (Duals if applicable) <i>(Please note this is for facility eligibility and does not reference participant eligibility. Only check if you can bill both Medicaid and Medicare for your services)</i>
Medicaid:		Ancillary
		Facility
Medicare:		FQHC
		DSNP
		MA/MA-PD
Ancillary Provider:		DME
		Home Health/Hospice
		LTSS
Facility Provider:		FQHC
		Nursing Facility
		Rural Health Center
Medicare Duals Provider:		Ancillary
		Facility

You've submitted this form and your W-9, so what's next?

- Upon receipt, we will send you a Contract and Credentialing documents.
- Complete the documentation and return to PA Health & Wellness:
- **EMAIL: LTSS_PHW_PROVIDER_GROUP@PAHEALTHWELLNESS.COM**

MAIL:

PA Health & Wellness
Contracting
300 Corporate Center Drive
Camp Hill, PA 17011