Pathologist Anesthesiologist Radiologist Emergency Med Neonatologist and Hospitalist (PAREN) Data Entry

Practitioner information

Full name: Last	First	MI	Suffix
Date of birth	Provider type (i.e., M.D., N.P.)		
Social Security number	Gender		
Individual NPI	Individual taxonomy		
Group Taxpayer Identification Number (TIN)			

Specialty information

Primary specialty
Specialty boards

Practice information (Note: If more than one location, please copy this form and complete.)

Primary hospital name			
Primary hospital street address	City	State	ZIP code
Primary hospital phone number	Primary hospital fax number		
Individual NPI	Individual taxonomy		
Group NPI	Group taxonomy		
Remittance street address line 1			
Remittance street address line 2			
Remittance city	Remittance state	Remittance 9-digit ZIP code	
Remittance phone number	Remittance fax number		

Credentialing contact information			
Full name			
Office street address	City	State	ZIP code
Office phone number	Office fax number		
Email address			

Professional/medical school			
Institution name			
Institution street address	City	State	ZIP code
Institution phone number	Institution fax number		
Start date	Graduation date		

Additional information	
State license number	State
Federal Drug Enforcement Administration (DEA)	State
Educational Commission for Foreign Medical Graduates (ECFMG), if applicable	State
Medicaid number	Medicare number

Please note: This is for inpatient providers only. If the provider is working in an outpatient setting, the provider **must** complete a full application and will be required to be fully credentialed into the AmeriHealth Caritas network.

AmeriHealth Caritas
Care is the heart of our work

ACPA_18330900