



EmblemHealth[®]

5015 Campuswood Drive, 3rd Floor, East Syracuse, NY 13057

CAQH PRACTITIONER APPLICATION

Practitioner Name: _____
CAQH Number: _____
License Number: _____
Individual NPI: _____
Specialty: _____
Group Name: _____
Tax ID Number: _____
Zip Code/County/State: _____ / _____ / _____

Brands: HIP ____ GHI HMO ____ GHI PPO ____
Contracts Attached: YES ____ NO ____

If a group agreement is on file, a roster is required.

Roster attached: YES ____ NO ____

Contact Name: _____
Contact Phone Number: _____
Contact Fax Number: _____
Contact Email Address: _____

The following documents are required to be attached to the request:

- Form W9
- Agreement Signature Page (please obtain current version at <http://www.emblemhealth.com/>)

**** Failure to submit this information will result in the application being returned ****

Applications may be submitted to:

EmblemHealth
Attn: Physician Contracting & Management
5015 Campuswood Drive, 3rd Floor
East Syracuse, NY 13057

EMBLEMHEALTH PARTICIPATING PRACTITIONER AGREEMENT

Group Health Incorporated and the other EmblemHealth companies listed on the attached addendum, if any, and their affiliated and successor companies (referred to hereinafter as “EmblemHealth”), is pleased to contract with the undersigned Practitioner (“Practitioner”) for the provision of Covered Services to Members. Practitioner shall render Covered Services to Members according to the terms and conditions of this Agreement, EmblemHealth’s Administrative Guidelines, Provider Manual and policies and procedures, and each Member’s Benefit Program listed on **Attachment B**. Practitioner agrees to abide by the Quality Improvement, Utilization Management, Claims Submission and other applicable rules, policies and procedures of EmblemHealth. This Agreement (consisting collectively of this page, the body of the agreement that follows, the Prevailing Plan Fee Schedule and terms annexed hereto as **Attachment A**, plus the Addendums and Attachments which are incorporated herein and the Administrative Guidelines, as they may be amended from time to time and published on the EmblemHealth website, constitutes the complete and sole contract between the parties regarding the subject matter of the Agreement and, except as otherwise provided herein, supersedes any and all prior or contemporaneous oral or written communications not expressly included in the Agreement. The Start Date of this Agreement shall be forty-five (45) days after counter execution of this Agreement by EmblemHealth _____ (“Start Date”). If Practitioner is a professional corporation this Agreement shall apply to each Member of such corporation as if each is a party to this Agreement. In consideration of the mutual covenants and promises stated herein and other good and valuable consideration and intending to be legally bound hereby, EmblemHealth and Practitioner enter into this Agreement to be effective as of the Start Date.

Practitioner	
By <i>(Signature)</i>	
Name <i>(Print)</i>	Date
Organization	
Address	
Telephone	State License #
Email	State of License
NPI#	Group NPI #

Group Health Incorporated
Date:
Name:
Signature: