



## PROVIDER CREDENTIALING REQUEST FORM

Aetna Contracting Rep:		DATE:		Contract ID#:	
<b>GROUP INFORMATION</b>					
W9 Legal Name:				Tax ID#	
Group Primary Address:				# of Locations	#Of Group Practitioners
Contract Group Type:	Group <input type="checkbox"/>	Solo <input type="checkbox"/>	Multi-Spec Group <input type="checkbox"/>	Office Administrator:	
Phone:	Fax:		Email:		

### Individual Provider Profile:

(Complete in it's entirety for Each Provider in the Group and/or to be credentialed even if using CAQH database)  
(FOR OFFICE USE ONLY)

PROVIDERS NAME:		SPECIALTY (Primary):		CPD #	
				EPDB #	
NPI#		SOCIAL SECURITY #		DATE OF BIRTH:	
MEDICARE #		MEDICAID #		WORKERS COMP #	
CAQH#: *database info MUST be current		MEDICAL LIC #		DEA LIC #	
LAST ATTESTATION DATE:		MD LIC EXPIRATION DATE:		BOARD CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No Name Board Below:	
HOSPITAL AFFILIATION (PRIMARY)			HOSPITAL AFFILIATION (2 <sup>ND</sup> )		
NAME:			NAME:		
Ambulatory Surgical Center Affiliation:					
Name:			ZIP:		
PATIENT AGE RANGE:	OFFICE HOURS:	ADD'L LANGUAGES SPOKEN BY PRACTITIONER:			
PROVIDER PRACTICING IN ALL OF THE GROUP'S LOCATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY THE EXCEPTION					
(FOR OFFICE USE ONLY) CREDENTIALING STATUS? <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> N/A					

[Information submitted is accurate and current] Signature: X

### \*\*PLEASE ATTACH A CURRENT COPY OF THE FOLLOWING DOCUMENTS WITH THIS FORM

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> FL Medical license  | <input type="checkbox"/> FL DEA License                | <input type="checkbox"/> FL Worker's Comp License         | <input type="checkbox"/> W-9 Form                              |
| <input type="checkbox"/> Liability Insurance | <input type="checkbox"/> Financial Responsibility Form | <input type="checkbox"/> Practice Ownership Interest Form | <input type="checkbox"/> Contact Information for Credentialing |
| <input type="checkbox"/> Group's Roster      | <input type="checkbox"/> Group's Location List         | <input type="checkbox"/> Letter of Interest               |  |

**Completed forms should be faxed to (844) 228-0586**

**\*\*\*\*Please Note: Current CAQH information status is required to process request**



Date:

Dear Representative: **TIME SENSITIVE RESPONSE NEEDED**

Please accept this Letter of Intent as our notice that we, Access Health Care Physicians, LLC, TIN: 451444883, NPI: 1245529742, Taxonomy 193200000X (Multispecialty) are adding the below provider to our group for all lines of business for our practice as to assure consistent patient care coverage.

LAST NAME	FIRST NAME	SUFFIX	NPI	CAQH#	EFFECTIVE DATE

TAXONOMY PRIMARY	PRIMARY SPECIALTY

Correspondence/ Pay to / Remittance Address:					
Address	City	State	Zip	Phone	Fax
PO BOX 919469	ORLANDO	FL	32891-9469	727-823-2188	727-828-0723

PRACTICE LOCATIONS	
Primary Address:	Secondary Address:

If you have any questions, please do not hesitate to contact credentialing at 352-799-0046 ext. 5340 or via email to [credentialing@accesshealthcarellc.net](mailto:credentialing@accesshealthcarellc.net)

Please confirm receipt of this notice and estimated time of completion. Upon completion of the contracting and credentialing for this provider, please provide:

1. Effective Date
2. Insurance Provider ID#
3. Confirmation of Lines of Business
4. Next credentialing date

Sincerely,

Jeanine Martin  
Credentialing Coordinator, Access Management Co., LLC

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>ACCESS HEALTHCARE PHYSICIANS, LLC</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>PO BOX 919469</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>ORLANDO, FL 32891-9469</b>	
	7 List account number(s) here (optional) /	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

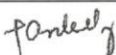
Social security number								
				-				
or								
Employer identification number								
4	5		-	1	4	4	4	8 8 3

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	
	Date ▶	

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.