aetna COVENTRY

PROVIDER CREDENTIALING REQUEST FORM

Aetna Contracting Rep:	DATE:	Contract ID#:

GROUP INFORMATION

W9 Legal Name:	ACCESS HEALTH CARE PHYSICIANS LLC	Tax ID#	451444883
Group Primary Address:	5290 Applegate Drive Spring Hill, Florida, 34606	# of Locations	#Of Group Practitioners
Contract Group Type:	Group ☐ Solo ☐ Multi-Spec Group ☑	Office Administrator:	Michelle Maves
Phone: 352-686-3101	Fax: 352-688-8713	Email:	mmaves@phyaura.com

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 #
Jude A Pierre MD	Internal Medicine	
NPI# 1669474219	SOCIAL SECURITY # 085728327	DATE OF BIRTH: 8/12/1971
MEDICARE # 49170R	MEDICAID # 005638500	WORKERS COMP #
CAQH#: *database info MUST be current 11045698	MEDICAL LIC # ME77112	DEA LIC # BP6122066
LAST ATTESTATION DATE:	MD LIC EXPIRATION DATE: 01-25-2017	BOARD CERTIFIED? ☐ Yes ☐ No Name Board Below: American Board of Allergy and Immunology

HOSPITAL AFFILIATION (PRIMARY)	HOSPITAL AFFILIATION (2ND)
NAME: Oak Hill Hospital	NAME: Bayfront Health Brooksville

Ambulatory Surgical Center Affiliation:	
Name:	ZIP:

PATIENT AGE RANGE:	OFFICE HOURS:	ADD'L LANGUAGES SPOKEN BY PRACTIONER:
5 - 50		Haitian; Haitian Creole,French,Spanish; Castilian,

PROVIDER PRACTICING IN ALL OF THE GROUP'S LOCATIONS? ☐ YES ☑ NO IF NO, SPECIFY THE EXCEPTION

(FOR OFFICE USE ONLY) CREDENTIALING STATUS? ☐ Approved ☐ Pending ☐ N/A

[Information submitted is accurate and current] Signature: X_____

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

- ☑ FL. Medical license
- ☑ FL DEA License
- ☐ FL Worker's Comp License
- ☑ W-9 Form
- ☑ Liability Insurance
- ☐ Financial Responsibility Form
- ☐ Practice Ownership Interest Form
- ☑ Contact Information for Credentialing
- ☐ Group's Roster
- ☐ Group's Location List
- ☑ Letter of Interest

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

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