Tracking # 87487

Contract Compliance:

Contract Review and Certification

I attest that this CSF, Contract(s)/Amendment(s) have been reviewed in full and the information is accurate and complete.

CONTRACTOR/NETWORK MANAGEMENT CONSULTANT/REPRESENTATIVE

Signature: Date: 10.10.16

DIRECTOR

I attest that the contract has been reviewed, and the information is accurate and complete.

Signature: Date: 10/11/2016

LEGAL DEPARTMENT

I have reviewed and approved the non-standard language used in this contract.

Signature: Date:

HEALTHCARE ANALYTICS

I have received and approved the fee schedule/rates.

Signature: Date:

REGIONAL VICE PRESIDENT

Signature: Date:

MEDICAL DIRECTOR (as necessary)

Signature: Date:

PROVIDER OPERATIONS (PO)

Date Routed to PO: October 14, 2016 **Date Received:**

Signature: Date:

Retroactive Effective Date? Y/N Approved? M R RA

Effective Date: Date Returned to CC

PROVIDER REIMBURSEMENT (PR)

Date Routed to PR: **Date Received:**

Signature: Date:

Date Loaded: Date Routed to PDO

Date Returned to CC:

PROVIDER DATABASE OPERATIONS (PDO)

Date Routed to PDO: October 19, 2016 **Date Received:**

Signature: Date:

Date Loaded: Date Routed to PDO

CONTRACT COMPLIANCE (CC)

Date Routed to CC: **Date Received:**

Signature: Date:

Common Submission Form

New Contract Or Amendment

(•) N/A ( ) This Is A New Contract ( ) This Is An Amendment

Tracking # 87487

[ ] Priority Handling Requested

CSF Purpose: Termination

Tax ID: 582145629

A) Business Intent:

Discuss Business Intent

Demographic Change Only? ( ) YES (•) NO

Please terminate provider from Medical contracts only at location, 182 Jefferson Pkwy, Ste A, Newnan, GA 30263. The other locations have been completed previously. He is remaining active at the locations as NON PAR (load as IDNP) on the Medical side. Correspondence attached

B) Retroactivity:

Will this CSF result in retroactivity? (REQUIRED) (•) YES ( ) NO

* If this CSF is a New Contract or an Amendment, is it the result of a: (•) Not Result of Contract or Amendment ( ) Negotiation ( ) Quality Issue

* Responsible Party / Market	Network Management	* Retroactivity Reason	NM-Retro Changes due to Network management Submission Error <1k claims
Responsible Party / PO		* Retroactivity Effective Date:	3/10/2016

[x] Retro Adjustments Requested?

Estimated Dollar Amount of Adjustment:

Retroactivity Comments: csi # 12606 Retro ID 16206

[ ] Interest Owed?

Date Issue Identified:

Prompt Pay Interest Comments: N/A

Image Number 1912929878

C) PDO Updates:

Are PDO Updates Required? (•) YES ( ) NO

Number of Individual Providers = 1

Number of QCare Records To Be Updated = 1

D) Completed By Information:

Name: Sonia Ferris **Start Date:** 10/10/2016 **Actual Date Rec'd:** 2/26/2016 **Phone:** (404) 842-8703

E) Provider Information:

QCare ID: **State License #:** **NPI #:** 1912929878

First Name: Vincent **Middle Initial:** J **Last Name/ Facility/Ancillary:** Perciaccante

Suffix: **Title:** DDS **Contact Name:** **Contact #:** **Ext.**

Contact E-mail: **Gender:**

DEA Number: **DEA Expiration Date:** **Medicare Number:**

Tracking # 87487

F) Group Information:

Tracking # 87487

Attention: | Provider Group Name:

☐ Group Agreement Applies | PHO Designation:

Blanket Agreement | ☐ Requires New Pricing Grid

☐ Are the Mid-Level Providers Included in this Agreement | ☐ Not Eligible To Reapply

G) Tax Information:

Tax ID:	582145629	Tax Name:	South OMS	NPI #:	1720274798
2nd Tax ID:		2nd Tax Name:		2nd NPI #:	

H) ProviderType:

Specialist

Provider Type Comments:

I) Location Information:

Address Type:	Physical	Address1:	406 Stevens Entry	Address2:	
City	Peachtree City	State:	GA	Zip:	30269
Market:		County:			
Phone:		Fax:		☐ Primary	

Address Type:	Physical	Address1:	600 West Lanier Avve	Address2:	Suite 201
City	Fayetteville	State:	GA	Zip:	30214
Market:		County:			
Phone:		Fax:		☐ Primary	

Address Type:	Physical	Address1:	288 Hwy 314	Address2:	
City	Fayetteville	State:	GA	Zip:	30214
Market:		County:			
Phone:		Fax:		☐ Primary	

Address Type:	Physical	Address1:	182 Jefferson Pkwy	Address2:	Suite A
City	Newnan	State:	GA	Zip:	30263
Market:		County:			
Phone:		Fax:		☐ Primary	

J) Covering Physician:

K) Specialty:

Specialty:	ORAL SURGERY	Board Status:		Age - Low:		Age - High:	
Panel Size		Accepting New Patients					

Waiver Indicator | Waiver Update: ○ YES ◉ NO

Tracking # 87487

L) Hospital Privilege:

M) Language:

Staff Language:

Practictioner Language:

N) Contract Status:

☐ Credentialed Application CAQH Current Panel Size:

Date Sent to Andover Date Returned from Andover Credentialing Date Approved

O) Member Move:

Indicate where to move members if it is required

P) Billing/Contract Information :

Billing Format: CMS1500 Existing Contract ID:

Contract Status:

☐ Affiliated With An Existing Contract?

Q) Contract Type: (Professional/Facility/Ancillary)

Type	Network	ID Type	ID
Professional	PPO	SPEC	2842

Contract Dates: Effective 3/10/2016 | Termination | Expire

☐ Use Current Date -->>

☐ Is Contract Evergreen

☐ Regardless Of Billed
☐ Lesser Of Charges
☐ Site Of Service
☐ Drugs Reimbursed at Corporate Methodology
☐ If Capitated, Over & Above

Blanket Agreement: Effective Date | Termination Date

☐ Medicare Based Fee Year ☐ RBRVS
☐ Update With Medicare A1 % A2 %

Timeliness Of Filing: 180 Days

Termination Reason:

Type	Network	ID Type	ID
Professional	Traditional (PAR)	SPEC	3400

Contract Dates: Effective 3/10/2016 | Termination | Expire

☐ Use Current Date -->>

☐ Is Contract Evergreen

☐ Regardless Of Billed
☐ Lesser Of Charges
☐ Site Of Service
☐ Drugs Reimbursed at Corporate Methodology
☐ If Capitated, Over & Above

Blanket Agreement: Effective Date | Termination Date

☐ Medicare Based Fee Year ☐ RBRVS
☐ Update With Medicare A1 % A2 %

Timeliness Of Filing: 365 Days

Termination Reason: