

Request for Provider Crisis Contact/Location Information

Please complete and submit this form if a disaster or other crisis requires evacuation of your area and/or relocation of your office(s). CarePlus' Member Services will use this information to assist CarePlus-covered patients in locating their physicians and other healthcare providers during emergency situations.

Note to provider groups: A separate form should be completed for each individual physician/provider in the group if the information is not the same for everyone in the group.

Physician's/provider's name:	Effective date of relocation:		
Group name:	Specialty:	Tax ID no.	
Original office physical address prior to disaster			
Street:	City, State:	ZIP code:	
Office phone: ()	Fax: ()		
Relocation office physical address	Temporary Permanent		
Street:	City, State:	ZIP code:	
Office phone:	Fax:		
Office contact name (office administrator)			
Name:	Office or cell phone:	Email:	
Relocation billing address Temporary Permanent			
Street/P.O. Box:	City, State:	ZIP code:	
Phone:			
Current email address:			
Claims payment to (check one): Group 🗖 Individual 🗖			
Has the address changed for claims	payment checks? Yes 🗖 No 🗖	Permanent Temporary	
New claims payment address (if applicable)			
Street/P.O. Box:	City, State:	ZIP code:	
National Provider Identifier (NPI) no.:			
Unique physician identification no. (UPIN):			
Medicare no.:			
Medicaid no.:			
Drug Enforcement Administration license no.:			
State medical license no.:			

Please submit this form to CarePlus' Provider Operations Department using one of the following methods:

Mail	Fax	Provider Services Executive
Attention: Provider Operations Dept.	1-866-449-5668	Please scan the form and email it to
PO Box 277810, Miramar, FL 33027		your assigned provider services
		executive.