CarePlus HEALTH PLANS

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 health care 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.

Effective date of relocation	
Physician's/provider's name	
Group name	
Specialty	
Tax ID no.	
Original office physical address prior to disaster	Street address: City and state: ZIP code: Office phone number: Fax number:
Relocation office physical address	Temporary ❑ Permanent ❑ Street address: City and state: ZIP code: Office phone number: Fax number:
Office contact name (office administrator)	Name: Office or cell phone number: Email address:
Relocation billing address	Temporary ❑ Permanent ❑ Street address/P.O. box: City and state: ZIP code: Phone number:
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 address/P.O. box: City and 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 Service Executive
Attention: Provider Operations Dept. 11430 NW 20th St., Suite 300 Miami, FL 33172	786-336-8674	Please scan the form and email it to your assigned provider service executive.