

HealthCare Partners, IPA

Join HealthCare Partners, IPA today!

Provider Name: _____ **Provider NPI #:** _____

Provider Specialty: _____ **Reason for requesting to join:** _____

Is the provider employed by a hospital? ☐ Yes ☐ No

Type of Practice:

☐ Office ☐ Virtual ☐ SNF/Resident Home/Nursing Home ☐ Other _____

Any other employment arrangements? Please explain: _____

Part of a group practice? ☐ Yes ☐ No **If yes, how many providers are in the group?** _____

**Please provide a roster of all providers (First & last name, individual NPIs, specialty, and provider type (PCP/Specialist/Dual)*

Practice Name: _____ **Practice TIN #:** _____ **Practice NPI #:** _____

Phone #: _____ **Fax #:** _____

Office Hours: M: _____ T: _____ W: _____ Th: _____ F: _____ Sat: _____ Sun: _____

Coverage Arrangement: _____

Office Contact Full Name: _____ **Phone #:** _____ **Email:** _____

Credentialing contact full name: _____ **Phone #:** _____ **Email:** _____

Which hospital(s) is the provider affiliated with? _____

Is the provider currently enrolled in the following plans?

Emblem HIP	☐ Yes	☐ No	**# of members?** _____	**Which LOB(s)?**	☐ Commercial	☐ Medicare	☐ Medicaid
Aetna	☐ Yes	☐ No	**# of members?** _____	**Which LOB(s)?**	☐ Commercial	☐ Medicare	☐ Medicaid
Fidelis	☐ Yes	☐ No	**# of members?** _____	**Which LOB(s)?**	☐ Commercial	☐ Medicare	☐ Medicaid
UHC	☐ Yes	☐ No	**# of members?** _____	**Which LOB(s)?**	☐ Commercial	☐ Medicare	☐ Medicaid

Is the provider part of any other IPAs? ☐ Yes ☐ No **Which IPA(s)?** _____

For which health plan(s)? _____ **Which LOB(s)?** ☐ Commercial ☐ Medicare ☐ Medicaid

Submitted By: _____ **Do you work in the provider's office?** ☐ Yes ☐ No

If not, what 3rd party company are you from? _____

Job Title: _____ **Phone #:** _____ **Email:** _____

Submit completed forms and supporting documentation to businessdev@hcpipa.com.

Note: Along with this form, please provide the applicant's **complete CV (to include all education, medical training, previous experience and gaps explained).**