



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 <input type="checkbox"/> Permanent <input type="checkbox"/>		
Street:	City, State:	ZIP code:
Office phone:	Fax:	
Office contact name (office administrator)		
Name:	Office or cell phone:	Email:
Relocation billing address Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>		
Street/P.O. Box:	City, State:	ZIP code:
Phone:		
Current email address:		
Claims payment to (check one): Group <input type="checkbox"/> Individual <input type="checkbox"/>		
Has the address changed for claims payment checks? Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>		
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. 11430 NW 20th St., Suite 300 Miami, FL 33172	1-866-449-5668	Please scan the form and email it to your assigned provider services executive.