COMMUNITY HEALTH CENTER NETWORK

Adding New Provider to a Contracted Group

To add a new provider, please complete this form and submit it to **providerservices@chcnetwork.org** or fax to **510-297-0445**.

For any questions, please contact Provider Services at **providerservices@chcnetwork.org.**

Today's Date:	
Group/Business Name:	
Tax ID:	
Provider Name:	
Provider NPI:	
Specialty:	
Medical License Number:	
Credentialing information: Check box of health plan provider is credentialed with	Alameda Alliance for Health *or* Anthem Blue Cross – Medi-Cal *or* Both
Credentialing effective date(s):	
Provider Effective Date with Group:	
Address, Street:	
City, State and Zip:	
Phone:	
Fax:	
Office E-mail Address:	
Language(s) Spoken:	
Office Hours:	
Contact Name:	
Contact's Title/Position:	
Contact's Phone:	
Contact's E-mail:	
Contact's Fax:	
Information Confirmation Signature:	