



Addition of Provider to Contracted Group

Contracted providers please help us keep our information accurate and current.
If you have added a new provider to your group please let us know.

Complete form and email to providerservices@chcnetwork.org or fax to 510-297-0445
If you have any questions please call Provider Relations at 510-297-0200.

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 <i>or</i> Anthem Blue Cross – Medi-Cal <i>or</i> 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:	