Pathologist Anesthesiologist Radiologist Emergency Med Neonatologist and Hospitalist (PAREN) Data Entry

Practitioner information

Full name: Last	First	MI	Suffix

Date of birth	Provider type (i.e., M.D., N.P.)

Social Security number	Gender

Individual NPI	Individual taxonomy

Group Taxpayer Identification Number (TIN)

Specialty information

Primary specialty

Specialty boards

Practice information (Note: If more than one location, please copy this form and complete.)

Primary hospital name

Primary hospital street address	City	State	ZIP code

Primary hospital phone number	Primary hospital fax number

Individual NPI	Individual taxonomy

Group NPI	Group taxonomy

Remittance street address line 1

Remittance street address line 2

Remittance city	Remittance state	Remittance 9-digit ZIP code

Remittance phone number	Remittance fax number

Credentialing contact information

Full name			
Office street address	City	State	ZIP code
Office phone number		Office fax number	
Email address			

Professional/medical school

Institution name			
Institution street address	City	State	ZIP code
Institution phone number		Institution fax number	
Start date		Graduation date	

Additional information

State license number	State
Federal Drug Enforcement Administration (DEA)	State
Educational Commission for Foreign Medical Graduates (ECFMG), if applicable	State
Medicaid number	Medicare number

Please note: This is for inpatient providers only. If the provider is working in an outpatient setting, the provider **must** complete a full application and will be required to be fully credentialed into the AmeriHealth Caritas network.

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