



Letter of Interest Form

Thank you for your interest in joining the CarePlus network.

Submission of this form does not guarantee participation in the network. CarePlus will review your request and send written notification on the decision that has been made. We will maintain your information and contact you in the future should our needs change. Decisions are based on network need and availability of service.

Please provide the information below and fax the completed Letter of Interest Form to **1-855-659-7966**.

Please mark the county(ies) where you service patients: Broward Miami-Dade Palm Beach Hillsborough Pasco Pinellas Polk Lake Marion Orange Osceola Seminole Sumter Brevard Indian River Duval Clay St. Johns Flagler Volusia

Please note if the county is not listed above, we regret that we are unable to extend a participation agreement at this time, as the county is not currently an approved county within our service area.

Individual/solo practitioner* Group practice Facility Other _____

***CarePlus does not credential or contract directly with physician extenders. Physician extenders must be affiliated with a Medicare-certified physician who is contracted with CarePlus to participate.**

Name:	
NPI number:	
Tax ID number:	
Specialty/service type:	
Service address:	
Phone number:	
Fax number:	
Additional details:	

Contracting contact information

Name and title:	
Phone number:	
Fax number:	
Email:	

If you have any questions, you can call the CarePlus Provider Operations inquiry line at **1-866-220-5448**, Monday – Friday, 8 a.m. to 5 p.m., Eastern time. Please provide your contact information so we can easily reach you with any questions.