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 ❑ Permanent ❑		
Street:	City, State:	ZIP code:
Office phone:	Fax:	
Office contact name (office administrator)		
Name:	Office or cell phone:	Email:
Relocation billing address Temporary ❑ Permanent ❑		
Street/P.O. Box:	City, State:	ZIP code:
Phone:		
Current email address:		
Claims payment to (check one): Group ❑ Individual ❑		
Has the address changed for claims payment checks? Yes ❑ No ❑ Permanent ❑ Temporary ❑		
New claims payment address (if applicable)		
Street/P.O. Box:	City, State:	ZIP code:
National Provider Identifier (NPI) number.:		
Unique physician identification number. (UPIN):		
Medicare number.:		
Medicaid number.:		
Drug Enforcement Administration license number.:		
State medical license number.:		

Please submit this form to CarePlus' Provider Operations Department using one of the following methods:

Mail	Fax	Provider Services Executive
Attention: Provider Operations Dept. PO Box 277810, Miramar, FL 33027	**1-866-449-5668**	Please scan the form and email it to your assigned provider services executive.