

Facility name:		Type: <input type="checkbox"/> Ancillary <input type="checkbox"/> Facility <input type="checkbox"/> Managed long-term services and supports (MLTSS)
Name doing business as:		
Primary contact name:	Primary contact email:	Primary contact phone:

	Facility name (as it should appear in a provider directory)	Street address	Building or suite number	City	State	ZIP code	County	Phone with area code	Taxonomy code	TIN/EIN number
										NPI number
										Facility type (e.g., skilled nursing facility, hospice, durable medical equipment)
Location 1										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV home and community-based services (AIDS/HIV) <input type="checkbox"/> Elderly and disabled home and community-based services (elderly and disabled) <input type="checkbox"/> Developmental disabilities home and community-based services (developmental disabilities)									
Location 2										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 3										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									

**Please continue on page two to include additional locations.**

Please email completed form to [delawareprovidernetwork@amerihealthcaritas.com](mailto:delawareprovidernetwork@amerihealthcaritas.com) or fax it to **1-877-759-6251**.

# Facility Data Form

	Facility name (as it should appear in a provider directory)	Street address	Building or suite number	City	State	ZIP code	County	Phone with area code	Taxonomy code	TIN/EIN number
										NPI number
										Facility type (e.g., skilled nursing facility, hospice, durable medical equipment)
Location 4										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 5										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 6										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 7										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 8										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									

Facility name:		Type: <input type="checkbox"/> Ancillary <input type="checkbox"/> Facility <input type="checkbox"/> Managed long-term services and supports (MLTSS)
Name doing business as:		
Primary contact name:	Primary contact email:	Primary contact phone:

	Facility name (as it should appear in a provider directory)	Street address	Building or suite number	City	State	ZIP code	County	Phone with area code	Taxonomy code	TIN/EIN number
										NPI number
										Facility type (e.g., skilled nursing facility, hospice, durable medical equipment)
Location 1										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV home and community-based services (AIDS/HIV) <input type="checkbox"/> Elderly and disabled home and community-based services (elderly and disabled) <input type="checkbox"/> Developmental disabilities home and community-based services (developmental disabilities)									
Location 2										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 3										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									

**Please continue on page two to include additional locations.**

Please email completed form to [delawareprovidernetwork@amerihealthcaritas.com](mailto:delawareprovidernetwork@amerihealthcaritas.com) or fax it to **1-877-759-6251**.

# Facility Data Form

	Facility name (as it should appear in a provider directory)	Street address	Building or suite number	City	State	ZIP code	County	Phone with area code	Taxonomy code	TIN/EIN number
										NPI number
										Facility type (e.g., skilled nursing facility, hospice, durable medical equipment)
Location 4										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 5										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 6										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 7										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									
Location 8										
	<b>Waiver:</b> <input type="checkbox"/> Assisted living <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Elderly and disabled <input type="checkbox"/> Developmental disabilities									