



Advanced Nurse Practitioner Requesting Additional Status as Primary Caregiver

This form applies to advanced nurse practitioners.

Please complete, sign and date this form and include appropriate documentation.

If you have any questions, please contact the Physician Contracting Hotline at 1-866-447-9717, option 5.

Please include documentation of your certification by any of the following entities:

- American Academy of Nurse Practitioners (AANP)
- American Nurses Credentialing Center (ANCC) specialty board in the specialty practiced. (These specialties include Adult Health, Family Health and Gerontology.)
- National Certification Board of Pediatric Nurse Practitioners and Nurses (NCBPNP/N)
- Pediatric Nursing Certification Board (PNCH)

Provider

Provider's Name (Print):		
Provider's Service Address:		
Phone:		
Current Specialty:		
State License Number:	Service Hours:	Extended Hours After 5 pm:

Covering Physician

Covering Physician's HIP Provider ID Number:
Covering Physician's Name:
Covering Physician's Billing Address:
Wheelchair Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No

Hospital for Admissions

Hospital:	
Phone:	Fax:
Provider's Signature:	Date:

Please update my participation status to Primary Caregiver. I attest that the information indicated on this form is complete and correct to the best of my knowledge, and I understand that any falsification or misrepresentation of this information is grounds for immediate termination.