



Date: 22 June 2015
To: Community Health Partners Physicians and Providers
From: Provider Relations Department

Subject: Medicare/Medicaid Participation and Number

Participation with Medicare and Medicaid is not a requirement of Community Health Partners. However it is required if you participate in one of the below listed agreements.

CHP has agreements with Aetna Medicare Advantage PPO/HMO, Humana Medicare Advantage PPO program, Freedom HMO, Prestige Health Choice, and Integral Quality Care which requires participating physicians to participate with Medicare and/or Medicaid.

- Medicare and Medicaid participating means that you accept Medicare and Medicaid assignment and the allowable that Medicare and Medicaid determines for Medicare patients.

Please complete the information below, then fax or send this back to Community Health Partners at: Fax: 239-659-7791 or mail to 851 Fifth Avenue N # 201, Naples, FL 34102 or scan and email to providerrelations@chealthpartners.com. If you have any questions, please contact us at 239-659-7760.

Yes, I am a Medicare Participating Provider, my Medicare # is

No, I am not a Medicare Participating Provider.

Yes, I am a Medicaid Participating Provider, my Medicaid # is

No, I am not a Medicaid Participating Provider.

** If your Medicare/Medicaid numbers are in process, please be sure to notify us once your numbers are received. Please advise Community Health Partners if your status with Medicare or Medicaid changes.

Signature

Date

Print Name of Physician/Provider