

MEDICARE ADVANTAGE LOCATION ADD FORM

INSTRUCTIONS

- A Location Add Form must be completed for each new location and submitted with a completed W-9 form.
- Complete the [Location Demographic/Update Form](#), found under the Update/Manage Your Information section, for changes in Ownership, Tax ID, and/or Legal Name; these may require a new contract.
- All changes must be submitted at least 30 calendar days prior to effective date. Missing information may cause delays in updates.
- For status checks and questions on how to complete the form, please contact Aspirus Health Plan's Provider Assistance Center at 715-631-7412 or toll free at 1-855-931-4851. Email the completed form and W-9 to: providerappMA@aspirushealthplan.com.

The following facility types must complete the [Uniform Facility Credentialing Application](#), found under the Credentialing section, before adding the new location here.

If a hospital and a psychiatric unit have different Medicare numbers, each entity will need to fill out separate [Uniform Facility Credentialing Applications](#).

Medical

- Ambulatory Surgery Center (Free-Standing Only)
- Birthing Centers (Free-Standing Only)
- Home Health Care Agency (not PCA-only agencies)
- Hospitals (All types including Psychiatric)
- Skilled Nursing Facilities/Nursing Home

Mental Health and Substance Use Disorder

- Ambulatory Setting
- Inpatient
- Residential Facilities



MEDICARE ADVANTAGE LOCATION ADD FORM

BILLING/PAYMENT INFORMATION

Complete this section for any information that is different from the new location address above.

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

NPI:

TIN: (numbers only – no hyphens please)

OTHER INFORMATION

Is your location considered a Primary Care Clinic? Yes No

Select the Primary Care Services provided at this location (select all that apply):

Family Practice Internal Medicine Pediatrics Geriatrics OB/GYN

Hospital Privileges (list all hospitals to which you admit patients):

Does your location have special restrictions? Yes No

Check all that apply:

- Not Accepting New Patients
- Age Restrictions (list restrictions)
- No Nursing Home Visits
- Nursing Home Residents Only
- Other: (specify)

Office Hours (Hours should be submitted in the format of 7-5)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



MEDICARE ADVANTAGE LOCATION ADD FORM

PRACTITIONER DEMOGRAPHIC INFORMATION

(additional practitioners can be added at the end of the form)

Last Name:

Old Last Name:

First Name:

Middle Initial:

Degree:

Specialty:

NPI:

Effective Date:

Term Date:

Comments (Additional Information):

By signing this form below, you validate that the above information is accurate and true to the best of your knowledge.

Signature:



MEDICARE ADVANTAGE LOCATION ADD FORM

ADDITIONAL PRACTITIONER #2

Last Name: **Old Last Name:**
First Name: **Middle Initial:**
Degree:
Specialty:
NPI:
Effective Date: **Term Date:**

ADDITIONAL PRACTITIONER #3

Last Name: **Old Last Name:**
First Name: **Middle Initial:**
Degree:
Specialty:
NPI:
Effective Date: **Term Date:**

ADDITIONAL PRACTITIONER #4

Last Name: **Old Last Name:**
First Name: **Middle Initial:**
Degree:
Specialty:
NPI:
Effective Date: **Term Date:**



MEDICARE ADVANTAGE LOCATION ADD FORM

ADDITIONAL PRACTITIONER #5

Last Name:

Old Last Name:

First Name:

Middle Initial:

Degree:

Specialty:

NPI:

Effective Date:

Term Date: