



**Facility Data Sheet**



Use this form to notify Arise Health Plan and WPS Health Insurance of any changes, additions, or terminations to facilities within your organization. **Questions? Call 920-617-6325**

**Please return form to:**

ATTN: Network Development Department FAX: (920) 490-6923

Email: [GBNetworkDevelopmentDept@AriseHealthPlan.com](mailto:GBNetworkDevelopmentDept@AriseHealthPlan.com)

**Complete sections 1, 2, and 3. Check appropriate action and complete accompanying section.**

<b>1. Contact Information</b>		<b>Today's Date</b>	
Name			
Organization			
Address			
City, State, Zip			
Telephone Number		Fax Number	
Federal Tax ID#		Email Address	

<b>2. Credentialing Contact</b>	<input type="checkbox"/> Check if same as contact info above		
Name			
Organization			
Address			
City, State, Zip			
Telephone Number		Fax Number	
Email address			

<b>3. Facility information</b>			
Location Name			
Facility NPI		CCN #	

<input type="checkbox"/>	ADD FACILITY	Please complete Section A
<input type="checkbox"/>	TERM FACILITY	Please complete Section B
<input type="checkbox"/>	UPDATE FACILITY	Please complete section C

**SECTION A – ADD FACILITY (Include copy of W-9)**

Location Street Address			
City, State, Zip			
County			
Telephone Number		Fax Number	
Medicare #		Medicaid #	
Effective Date			

**SECTION A – ADD FACILITY (continued)**

Billing information			
Name on 1099 Tax Form			
Federal Tax ID			
Remit to Name			
Address			
City, State, Zip			
Telephone Number		Fax Number	

**Please indicate your facility type/services by checking the appropriate box(es):**

<input type="checkbox"/>	Ambulatory Surgery Center	<input type="checkbox"/>	Laboratory*
<input type="checkbox"/>	Arrhythmia Monitoring/Cardiac Monitoring	<input type="checkbox"/>	Mammography
<input type="checkbox"/>	Audiology	<input type="checkbox"/>	Magnetic Resonance Imaging
<input type="checkbox"/>	Behavioral Health Facility	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Breast Prosthetics	<input type="checkbox"/>	Pain Management
<input type="checkbox"/>	Clinic	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Dialysis	<input type="checkbox"/>	Prosthetics/Orthotics
<input type="checkbox"/>	Drug and Alcohol Facility – Outpatient	<input type="checkbox"/>	Radiology Services*
<input type="checkbox"/>	Drug and Alcohol Services – Inpatient	<input type="checkbox"/>	Rehabilitation Facility
<input type="checkbox"/>	Durable Medical Equipment	<input type="checkbox"/>	Skilled Nursing Facility
<input type="checkbox"/>	EEG & Sleep Studies	<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Home Health Care	<input type="checkbox"/>	Transitional Rehabilitation Unit
<input type="checkbox"/>	Home Infusion	<input type="checkbox"/>	Urgent Care Facility
<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Wound Vac Therapy

Hospital		# Beds:	
<input type="checkbox"/>	Cardiac Catheterization Services	<input type="checkbox"/>	Mammography
<input type="checkbox"/>	Cardiac Surgery Program	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	CCU/ICU	<input type="checkbox"/>	Outpatient Dialysis
<input type="checkbox"/>	Diagnostic Radiology	<input type="checkbox"/>	Outpatient Infusion/Chemotherapy
<input type="checkbox"/>	Hospital Based Urgent Care	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Inpatient Psychiatric Services	<input type="checkbox"/>	Speech Therapy

\*Will not appear in directory listings

**SECTION B – TERM FACILITY**

Facility Information	Location to Term
Facility Name	
Address	
City, State, Zip	
Termination Date	

**SECTION C – UPDATE FACILITY (Include copy of updated W-9)**

Facility Information	Location was:	Change to:	Eff. Date
Facility Name			
Address			
City, State, Zip			
Telephone Number			
Fax Number			

For internal use only

Network Management	Arise <input type="checkbox"/>	WPS <input type="checkbox"/>	Date Sent to Cred Dept	<input type="text"/>	Initials	<input type="text"/>
Credentialing			Date Application Sent	<input type="text"/>	Initials	<input type="text"/>