



Please provide the information requested below for credentialing purposes: (PCP must provide ALL requested information. Specialists and other facilities only require completed provider agreement and W-9)

MAHP/CAQH Application Completed (CCA does not subscribe to CAQH and will therefore need a complete copy of the CAQH summary.)

Medical License

DEA License

Liability Insurance

Completed Provider Agreement

Completed W-9

Under the rules and regulations governing the Wayne County Health Choice Program, Community Care Associates must have current copies of these documents in our files. Please forward the requested information to our confidential fax number at 313-961-3116 as soon as possible.

Thank you in advance for your cooperation.

Sincerely,

Credentialing Department

COMMUNITY CARE ASSOCIATES INC.

P.O. Box 44230
DETROIT, MICHIGAN 48244
TELEPHONE 313-961-3100 FAX 313-961-3116

PHYSICIAN/PROVIDER AGREEMENT TO PARTICIPATE IN CCA-I Please complete the following:

Provider Name _____

Physician's Name _____ MD,DO,DPM (Please circle)

Specialty 1 _____ Specialty 2 _____

MI License # _____ Date of license _____

Tax ID License _____ DEA License _____

NPI # _____ NABP #: _____

Office Address 1 _____ City _____ Zip _____

Telephone # _____ Fax # _____

Office Address 2 _____ City _____ Zip _____

Telephone # _____ Fax # _____

(FOR ADDITIONAL SITES, PLEASE INDICATE ON THE BACK OF THIS SHEET)

Office Contact Person _____ Title _____

E-mail Address _____ Board Certified _____

Board Certification Specialty Area (s) _____

Certification Dates _____

Hospital Affiliations _____

I, _____, do hereby agree to care for Wayne County HealthChoice members enrolled in Community Care Associates, Inc., to abide by the rules and regulations governing Wayne County's HealthChoice Program and accept fees as payment in full.

**REIMBURSEMENT----- 100 + 10 % OF THE MEDICAID FEE SCREEN \$20.00 COPAY
UNLESS THE ANNUAL**

Termination by either party requires a written 30-day notice.

Physician/Provider

I
I
I

By the President of CCA Inc.

Signed this _____ day of 20__

Signed this _____ day of 20__