

ATTACHMENT C -

AMENDMENT TO PASSPORT PROVIDER AGREEMENT FOR PRIVATE GROUP PRACTICES: ADDING NAME(S) OF ADDITIONAL STAFF WHO WILL PROVIDE PATIENT MANAGEMENT SERVICES

New physicians and/or mid-level practitioners joining a private practice and providing patient management services under this contract must complete the information requested below.

By signing this Attachment you are bound to the terms of the agreement. This Attachment should be filled out by members of the private group practice who meet the requirements of being a PCP.

NAME OF PROVIDER/PRACTICE

PASSPORT PROVIDER NUMBER

PROVIDER'S SIGNATURE

PRINTED PROVIDER NAME

DATE

INDIVIDUAL'S NPI NUMBER

Member is a

- Physician
- Certified Nurse Practitioner
- Certified Nurse Midwife
- Physician Assistant

Fax this form to ACS at (406) 442-2328