

BEACON HEALTH, LLC PROVIDER FORM

DATE	* COMPLETED BY (Last, First)	*TELEPHONE	*FAX NUMBER	*CONTACT EMAIL ADDRESS

Information type (Check below, complete one application for each new provider):

- ☐ **NEW Credentialed Provider** - Complete Sections A & B - attach a W9, current DEA with a Maine address and a current COI.
- ☐ I hereby attest that my CAQH online application and all supporting documentation are current, complete, and marked as available to Beacon Health, LLC. Failure to do so may result in a delay of credentialing. CAQH ID: _____
- ☐ Practitioner will be providing temporary COVID-19 care
- ☐ **Change/Terminate a Credentialed Provider** - Complete Section A 1-5, Sections B & C
- For terminations: Please indicate where the provider is going under “Additional Information”
- ☐ **Non-credentialed Provider** – Complete Sections A & B
- Please see **Contracted Non-Credentialed** under “definitions” on page 3.
- ☐ Practitioner will be providing direct billing services for COVID-19 care

Section A: Provider Information					
1.Provider First Name:		2.Middle Initial:		3.Provider Last Name:	
4.Degree/Title:		5.National Provider Identifier (NPI):		Social Security Number:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth		Provider Email Address:	
ME License No.		DEA Numbers (enter all)		Primary Hospital Affiliation	
If no hospital affiliation, provide admitting arrangements and admitting provider’s name:				Medicare Number:	
				Medicaid Number:	
Specialty:		Taxonomy Code:		Board Certified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Board Certification Number:		If you are not certified, are you eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>		Board Name:	
Sub Specialty:		Taxonomy Code:		Board Certified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Board Certification Number:		If you are not certified, are you pursuing certification? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, exam date:	

Section B: Current Practicing Address						<input type="checkbox"/> Practitioner will be providing COVID-19 care	
Practice Name					Practice TAX ID#		
Practice NPI #			Start date at this location:			CCN#	
Practice Address <small>**PLEASE USE USPS STANDARDIZED ADDRESS**</small>				City, ST		Zip+4 County	
Telephone		Fax				Office Contact & Email	
Billing Name:				Billing NPI #		Billing TAX ID#	
Billing Address <small>**PLEASE USE USPS STANDARDIZED ADDRESS**</small>				City, ST		Zip+4 County	
Billing Telephone		Billing Fax				Billing Contact Name & Email	
Mailing Address <small>**PLEASE USE USPS STANDARDIZED ADDRESS**</small>				City, ST		Zip+4 County	
Provider Category: PCP <input type="checkbox"/> Specialist <input type="checkbox"/> PCP and Specialist <input type="checkbox"/> Hospitalist Only <input type="checkbox"/> *Locum Tenens <input type="checkbox"/> Start date: _____ End Date: _____ <div style="text-align: center;"> If a locum does not have start and end dates, the application will not be processed. </div> <div style="text-align: center; margin-top: 10px;"> Employed <input type="checkbox"/> Affiliated <input type="checkbox"/> </div>						For PCP’s Only: Accepting new patients <input type="checkbox"/> Closed to new patients <input type="checkbox"/> If left blank, provider will be assumed to be accepting new patients. List Location on Website: Yes <input type="checkbox"/> No <input type="checkbox"/> If left blank, this location will be added to website.	
** Please indicate what the provider is practicing as. Example: Internal Medicine - Cardiovascular Disease _____							

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Section C: Changes If making multiple changes, please complete Section C for each change and attach to page 1					
ADDRESS INFORMATION CHANGE EFFECTIVE DATE:					
Add additional location <input type="checkbox"/>		Transfer from current address to address below <input type="checkbox"/>		Terminate address below <input type="checkbox"/>	
<input type="checkbox"/> Practitioner will be providing COVID-19 care					
Practice Name				Practice TAX ID#	
Practice NPI #		Start date at this location:		CCN#	
Practice Address **PLEASE USE USPS STANDARDIZED ADDRESS**			City, ST		Zip+4
					County
Telephone		Fax		Office Contact & Email	
Billing Name			Billing NPI #		Billing TAX ID#
Billing Address **PLEASE USE USPS STANDARDIZED ADDRESS**			City, ST		Zip+4
					County
Billing Telephone		Billing Fax		Billing Contact & Email	
Mailing Address **PLEASE USE USPS STANDARDIZED ADDRESS**			City, ST		Zip+4
					County
Provider Category: PCP <input type="checkbox"/> Specialist <input type="checkbox"/> PCP and Specialist <input type="checkbox"/> Hospitalist Only <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Start date: _____ End Date: _____ <div style="text-align: center;">If a locum does not have start and end dates, the application will not be processed.</div> <div style="text-align: center;">Employed <input type="checkbox"/> Affiliated <input type="checkbox"/></div> <div>** Please indicate what the provider is practicing as. Example: Internal Medicine - Cardiovascular Disease</div> <div>_____</div>					
For PCP's Only: Accepting new patients <input type="checkbox"/> Closed to new patients <input type="checkbox"/> <div style="text-align: center;">If left blank, provider will be assumed to be accepting new patients.</div>					
List Location on Website: Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="text-align: center;">If left blank, this location will be added to website.</div>					

Additional information you would like us to know: _____

Practitioner Rights Notification

Providers have the right to review information submitted on this form and to correct or update information by contacting a Beacon Health directly.

Please note: Failure to complete all required sections will result in form being returned for completion.

To ensure prompt processing of your application, it is very important that the practitioner's CAQH be complete and current. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with Beacon Health, LLC.

REMINDER: Practitioners must enroll in PECOS/Medicare.

If applicable, please contact the Beacon Health, LLC directly to request contracting information.

Please email completed form to:
beaconprovmgmt@northernlight.org
 Beacon Health, 797 Wilson St., Brewer 04412 P: 207-973-9799 F: 207-973-7160

BEACON HEALTH, LLC PROVIDER FORM

DEFINITIONS:

1) Contracted-Non-Credentialed

The following providers must complete the Contracted-Non-Credentialed form to register with Beacon Health:

- Facility-based pathologists, anesthesiologists, radiologists, emergency medicine specialists or hospitalists, who practice exclusively in an acute care hospital setting, or within a free-standing facility, and who provide care for Northern Light Health Members only as a result of Members being directed to the facility.
- Physician Assistants who are employed by, or under contract to, a Northern Light Health participating medical services provider, unless acting as a PCP.
- Certified Registered Nurse Anesthetists who are employed by, or under contract to, a Northern Light Health participating medical services provider.

***Telehealth providers with the exception of tele-radiologists and telehealth hospital based(with attestation of full credentialing from hospital) will need to be fully credentialed.**

2) NPI

A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services. <https://nppes.cms.hhs.gov/#/>

3) Group NPI

Group NPI (Type 2 NPIs) are for organizations such as facilities, hospitals, home health agencies, labs, and DME suppliers.

4) Tax ID #

Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS. A Social Security number (SSN) is issued by the SSA whereas all other TINs are issued by the IRS.

5) CCN #

The CCN is used to identify each separately certified Medicare provider or supplier. It is used to track provider agreements and cost reports. The national provider identifier (NPI) and provider transaction account number (PTAN) are tied to the CCN. The CCN for providers and suppliers paid under Medicare Part A has six digits. The first two digits identify the State in which the provider is located. The last four digits identify the type of facility.

6) Taxonomy Code

Taxonomy codes are administrative codes set for identifying the provider type and area of specialization for health care providers. Each taxonomy code is a unique ten character alphanumeric code that enables providers to identify their specialty at the claim level.

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