



**MedStar Family
Choice**

EMAIL FAX OR MAIL:

MedStar Family Choice
 ATTN: Provider Relations Department
 5233 King Avenue, Ste 400
 Baltimore, MD 21237
 Phone: 410-933-2200 Opt 5 Fax: 410-933-3077
mfc-providerrelations2@medstar.net

New Provider/Group Interest Form

For Primary Care and Specialty Care Providers Only

Date: _____

Please check the appropriate MedStar Family Choice plans you are interested in joining.

- | | |
|---|--|
| <input type="checkbox"/> MedStar Medicare Choice | <input type="checkbox"/> Maryland HealthChoice |
| <input type="checkbox"/> District of Columbia Healthy Families | <input type="checkbox"/> MedStar Select |
| <input type="checkbox"/> District of Columbia Healthcare Alliance | |

Please indicate if you are a PCP, Specialist, Both:

- PCP OB/GYN Specialist PCP/Specialist Multi-Specialty Group

List Specialty Type _____

Provider/Group Name (as on W-9): _____

Doing Business as (D/B/A) Name: _____

Federal Tax ID# (as on W-9) _____

How many practitioners in group: _____

PRIMARY ADDRESS INFORMATION

Full Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Office Hours to see Patients: Mon _____ Tues _____ Wed _____ Thur _____

Fri _____ Sat _____ Other: _____

Website Address: _____

List All Hospital and Surgery Centers where providers in the group have active privileges:

List Counties of Additional Office Locations: _____

CREDENTIALING CONTACT INFORMATION

Name: _____

Title: _____

Telephone: _____ Fax: _____

E-Mail: _____

*You will receive a written response from MedStar Family Choice within 2 weeks of receipt of this form.