

PEIA Medical Home Provider Enrollment Form



Here's how the process works:

Complete the enrollment form and return it to HealthSmart by mail or fax. Fill out a separate form for any primary care provider (PCP) who should be listed separately in the directory. All other PCP's in the group can be listed as supporting providers. HealthSmart will process the forms, add participating physicians to PEIA's directory of Medical Home Providers and notify you of your Medical Home Provider number to share with your PEIA patients.

Physicians will serve as Medical Home for the patients who have selected them. The patient will pay a \$10 copayment for each office visit with the designated medical home physician, and PEIA will pay the balance, up to our allowed amount.

| Data Field | Provider Information |
|----------------------------------|----------------------|
| FEIN | |
| First Name | |
| Middle Name | |
| Last Name | |
| Professional Designation (MD/DO) | |
| Specialty | |
| Group Practice Name | |
| Practice Physical Address | |
| City, State Zip | |
| County | |
| Telephone Number | |
| Fax Number | |
| E-mail Address | |
| Medical License Number | |
| NPI Number | |
| Accepting New Patients (Y/N) | |

List names below, if any, of supporting providers with their professional designation. Supporting providers are those providers that practice under the same FEIN as the above listed provider.

| Name | Professional Designation | Specialty |
|------|--------------------------|-----------|
| | | |
| | | |
| | | |
| | | |

I, _____, certify that the above provider(s) agree to participate in the PEIA Medical Home Program.

Signature: _____ **Date:** _____

Name & title of person completing form: _____

Return form with a copy of the W9 for the practice to: PEIA Medical Home Program c/o HealthSmart Benefit Solutions, P.O. Box 608, Charleston, WV 25322-0608 **or** fax to 855-405-0948