



**EFFECTIVE  
AUGUST 1, 2019**

Date:

Fax No.

**RE: INTEGRANET and AMERIVANTAGE**

We are pleased to announce that through our agreement with Amerivantage/Amerigroup –all Medicare Advantage Plan members of our Primary Care Physicians will be delegated to IntegraNet Health for processing all provider, inpatient and outpatient claims.

This Anthem Health Plan partnership with IntegraNet Health covers approximately 40,000 lives through our IntegraNet Primary Care Physicians.

Two changes will affect the network of providers used for these patients:

- 1) **CLAIMS** - IntegraNet will process claims for Amerivantage members assigned to our contracted Primary Care Physicians.
- 2) **NETWORK** - The network will be comprised of physician and ancillary vendors contracted directly with IntegraNet for the Amerivantage Medicare Advantage products.

**DIRECTORY & CLAIMS PAYMENT:**

Please review and verify the information on the attached Physician Profile for Dr. This information will be used for the physician and ancillary directory, and claims payments.

If corrections are needed, please indicate on the attached form. If any billing information needs to be correct, please also attach a W-9 to support the changes.

**Fax any corrects to IntegraNet Health at 832-320-7221.**

Additional information will be sent to each provider during the following week or you may contact your Provider Relations Representative.

We look forward to serving your needs in our expanded role.

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4th Floor  
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# Practice Profile for Directory and Claims Payment

Territory: \_\_\_\_\_  
 Provider Rep: \_\_\_\_\_

## Your Directory Profile

Provider Name: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Office Hours: \_\_\_\_\_

PCP/Spec: \_\_\_\_\_

Primary Specialty \_\_\_\_\_  
 Secondary: \_\_\_\_\_  
 Third: \_\_\_\_\_

Professional Practice Interest-Focus  
 \_\_\_\_\_

*Ex: An Orthopaedic Surgeon whose primary focus is Backs*

### Languages Spoken by:

Physician \_\_\_\_\_  
 Staff \_\_\_\_\_

Practice Limitations: \_\_\_\_\_

Age Range: \_\_\_\_\_

Gender Restriction: \_\_\_\_\_

New Patients with Referral  
 New Medicare Patients  
 All New Patients  
 Existing Pts - Change in Payor  
 New Medicaid Patients

## Billing/Payment Information

Tax/EIN No: \_\_\_\_\_

Billing Address \_\_\_\_\_  
 \_\_\_\_\_

Checks Payable to: \_\_\_\_\_  
 \_\_\_\_\_

Phone : \_\_\_\_\_  
 Fax: \_\_\_\_\_

## Credentialing

Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

## Office Manager

Office Mgr: \_\_\_\_\_  
 OM Phone: \_\_\_\_\_  
 OM Fax: \_\_\_\_\_  
 E-mail 1: \_\_\_\_\_

Same for all locations?  Yes  No

**Completed  
By:**

Date: \_\_\_\_\_