

Nursing Facility Demographic Information Form

Please complete one form per facility. Complete all fields to avoid a delay in processing.

☐ New facility
 ☐ Change of ownership
 ☐ Other update(s): _____

Facility name (DBA):		Tax ID:	
Legal/tax name:		NPI:	
Taxonomy code(s):		Provider type: <input type="checkbox"/> NH <input type="checkbox"/> SNF	
Physical location information			
Address:			
City:	State:	ZIP code + 4:	
Phone #:	Fax #:		
Billing/payment remittance address			
<input type="checkbox"/> Same as physical address. If different, complete section below.			
Address:			
City:	State:	ZIP code + 4:	
Phone #:	Fax #:		
Facility contacts			
Administrator name:			
Email:	Phone:		
Parent company name (if applicable):			
Primary contact name:			
Email:	Phone:		
Business office manager/billing contact:			
Email:	Phone:		
Credentialing contact:			
Email:	Phone:		
Fax (for recredentialing requests):			
Contracting contact:			
Email:	Phone:		
License information			
HHSC nursing facility license #:			
HHSC Medicaid provider/contract #			
Medicare CCN/PTAN/OSCAR #:			
Is the facility ADA handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature			
Printed name:			
Signature:		Date:	

<https://provider.amerigroup.com>

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

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