Arise HEALTH PLAN
WPS Health Plan, Inc.

Practitioner Data Sheet

WPS HEALTH INSURANCE

Use this form to notify Arise Health Plan and WPS Health Insurance of any practitioner changes, additions, or terminations within your organization. ***Questions? Call 920-617-6325***

Please return form to:
ATTN: Network Development Department FAX: (920) 490-6923
Email: GBNetworkDevelopment Dept@AriseHealthPlan.com

Complete sections 1, 2, and 3. Check appropriate action and complete accompanying section.

1. Contact Information			**Today's Date**	
Name				
Organization				
Address				
City, State, Zip				
Telephone Number		Fax Number		
Federal Tax ID#		Email Address		

2. Credentialing Contact	☐ Check if same as contact info above		
Name			
Organization			
Address			
City, State, Zip			
Telephone Number		Fax Number	
Email address			

3. Practitioner information			
Full Name			
Professional Designation(s)			
Date of Birth		NPI #	

☐	ADD PRACTITIONER	Please complete Section A
☐	TERM PRACTITIONER	Please complete Section B
☐	UPDATE PRACTITIONER DEMOGRAPHICS	Please complete Section C
☐	UPDATE PRACTITIONER PRACTICE LOCATION(S)	Please complete Section D

SECTION A – ADD PRACTITIONER (continued on next page)

Specialty Area of Practice		☐ Hospitalist ☐ Long Term Locums (6 mo or more)	
Social Security #		License #	
DEA #		License #	
Language(s) spoken		Gender	
CAQH #		☐ None, please add to CAQH ☐ None, please send paper packet	

*Please be sure to enable CAQH access for Wisconsin Physician Services/Arise Health Plan.

SECTION A – ADD PRACTITIONER (continued)

Primary Practice Information	*Please list additional locations on a separate sheet*		
Clinic Name			
Address			
City, State, Zip			
Telephone Number		Fax Number	
Employment start Date			

Billing Information			
Pay to the Order Of			
Address			
City, State, Zip			
Telephone Number		Fax Number	
Federal Tax ID		Organization NPI	

SECTION B –TERM PRACTITIONER

Termination Date		Reason:	

SECTION C – UPDATE PRACTITIONER DEMOGRAPHICS

	Was	☐ Add ☐ Change to	Eff. Date
Name			
Licensure			
Specialty			
Other			

SECTION D – UPDATE PRACTITIONER PRACTICE LOCATION(S)

Add this Location ☐ Term this Location ☐

Clinic Name			
Address			
Telephone Number		Fax Number	
Effective Date		Federal Tax ID #	

Add this Location ☐ Term this Location ☐

Clinic Name			
Address			
Telephone Number		Fax Number	
Effective Date		Federal Tax ID #	

For internal use only

Network Management	Arise ☐	WPS ☐	Date Sent to Cred Dept		Initials	
Credentialing	Date app info sent		CAQH ☐	Already Cred ☐	Initials	