Provider Profile Sheet Submission Guide

Thank you for partnering with us. The Provider Profile Sheet is used to collect and maintain accurate provider and practice information for our provider directories and network records. Please **complete all applicable sections** and **submit the required documentation**.

Requred Documentation

- Completed fillable PDF **Provider Profile Sheet**
- Current **W-9**
- Send to correct email

Submission Information

Absolute Total Care Providers:
SouthCarolinaPDM@centene.com

Wellcare Providers: Your assigned Provider Engagement Account Manager (PEAM)

▶ **Note:** If you are unsure of your assigned PEAM, refer to the lookup resource provided here.

Enrollment Timeline

- The enrollment process takes approximately **60 days** to complete after all required documents are received and approved

Need Assistance?

- For questions regarding provider enrollment or completion of this form, please contact your **Provider Relations Representative at 1-866-433-6041** or **Provider Engagement Account Manager (PEAM).**

Helpful Tips—review these tips before submitting your form.

1. **Incomplete Form**
   All fields are required. Missing information will delay processing.
2. **File Format**
   Submit the fillable PDF only. Do not print, scan, or convert the form.
3. **Individual vs. Organizational NPI**
   Individual NPI = Provider
   Organizational NPI = Practice/Facility
4. **PCP Designation**
   Select "Yes" only if serving as a Primary Care Provider.
5. **Panel Status (PCPs Only)**
   Indicates whether you are accepting new assigned patients for scheduling in your outpatient office. This does not affect your ability to see patients, only how new patients are assigned.
6. **Effective Date**
   Date the provider began practicing at the listed location.
7. **Location Errors**
   List all service locations and identify **the primary location first**.

Absolute Total Care, Wellcare, Wellcare By Absolute Total Care and Ambetter from Absolute Total Care are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members, respectively in the State of South Carolina. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.

Provider Profile Sheet

SUBMISSION INSTRUCTIONS: Submit completed form with current W9 to ***Absolute Total Care*** at SouthCarolinaPDM@centene.com, or ***Wellcare*** to your assigned Provider Engagement Account Manager (PEAM). If you are uncertain who your PEAM is, please see the list linked here: Your assigned Provider Engagement Account Manager.

Group/Practice Name:		Tax ID:	

Full Name	NPI #	CAQH #	DOB *[MM/DD/YYYY]*	Medicaid ID *if applicable*	Medicare ID *if applicable*	Specialty	Age Limit	PCP (Y/N)	If PCP, Panel Open / Closed	Effective Date	Locations: A, B, C, D[2]

[1] Participating as Primary Care Physician (Yes or No)

[2] Indicate the letter of each location listed in the section below at which each provider renders services. Please indicate each Provider's primary office address by listing the letter for that location first (e.g., A, B, C, D or A only)

Practice/Facility Locations (include suite and building numbers)		Organizational NPI	Office Hours	Phone Number	Fax Number
A					
B					
C					
D					

If you have more practitioners than the space above allows, you may submit multiple sheets by photocopying this template or submit a roster that contains all of the above information.

Financial/Pay to Address:		Contract Representative:	
Contract Representative Email Address:		**Contract Representative Phone Number:**	