

Provider Interest Form



AvMed offers providers these great benefits:

Fast Service & Easy Access to Your Claims

- direct deposit & fast claims payments

Tradition of Quality Health Care

- strong physician satisfaction

Access to Physician Support

- local medical directors
- care management programs



Behavioral Health, Chiropractic, Durable Medical Equipment, Home Health, Home Infusion, Retail Pharmacies, Podiatry & Vision: To inquire about participation with AvMed Health Plans, please use the contact information below.

Specialty Type:	Contact:	Phone:
Behavioral Health Specialists in Broward, Miami-Dade, and Palm Beach counties	University of Miami Behavioral Health (UMBH)	Phone: 800-294-8642 Fax: 305-243-7744
Behavioral Health Specialists in other Florida counties	PsychCare, LLC Attn: Network Development	Phone: 800-305-5886 Fax: 800-370-1116
Chiropractic	Chiro Alliance Corp. (CAC)	Phone: 727-319-6199
Durable Medical Equipment (excluding prosthetics & orthotics)	All-Med Management Systems, Inc.	Fax: 305-728-1428 E-mail: lbarbanell@all-medservices.com
Home Health & Home Infusion in other Florida counties EXCEPT Hillsborough, Pinellas, Polk, Pasco, Hernando	All-Med Management Systems, Inc.	Fax: 305-728-1428 E-mail: lbarbanell@all-medservices.com
Retail Pharmacies	Catalyst Rx	Fax: 702-304-2971 E-mail: provider_relations@catalystrx.com
Podiatry in other Florida counties EXCEPT Alachua County	Paradigm Medical Management, Inc. (PMMI)	Phone: 888-337-7664
Vision in other Florida counties EXCEPT Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Levy, Marion, Suwannee, Union	Opticare Managed Vision - Network Management	Phone: 800-531-2818 E-mail: networkmanagement@opticare.net

For all other specialties, including Primary Care Physicians, Specialists, Hospital-Based Physicians, Ancillary Providers & Facilities, please complete the form on the reverse side and fax along with a complete, current and signed W-9 to:

Central & North Florida (Tampa, Orlando, Gainesville, Jacksonville)
Fax: 888-430-9394
Phone: 800-452-8633

South Florida (Miami-Dade, Broward, Palm Beach)
Fax: 800-518-4443
Phone: 800-452-8633

This form does not guarantee participation in the network. Applicants must meet all credentialing criteria and other participatory criteria.

Provider Interest Form



Provider Information:

First Name	Middle Initial	Last	Degree	Date
Facility Name		Accreditations		
Tax ID#	Group/Individual NPI		Contact Person	
Office Address	City	Zip	Primary County	
Other Location(s)				
Phone#	Fax #		E-mail	

Provider Type/Description (check one):

Primary Care/Specialists: Family Practice, Internal Medicine, Pediatrics Group Practice Solo Practitioner
Other _____

Hospital-Based: Anesthesiology, Emergency Medicine, Pathology, Radiology, Neonatal-Perinatal Medicine Group Practice Solo Practitioner

Hospital / Ancillary Service Provider
(ASC, Diagnostic Testing Facilities, PT/OT/ST, SNF, Urgent Care, Other _____)

Specialty: _____ Board Certified: Yes No Board Eligible: Yes No

Utilize Electronic Health Records (EHR/EMR): Yes No If yes, EHR/EMR Vendor: _____

Primary Hospital Affiliation: _____ CAQH ID# (if applicable): _____

Other Hospital Affiliations: _____

Group Name _____ Partner Names _____

Comments: _____

Please make sure this form is completely filled out and legible. Please return this form along with a complete, current and signed W-9. This form does not guarantee participation in the network. Applicants must meet all credentialing criteria and other participatory criteria.