

## Wellmark Health Plan of Iowa Backup Physician Information

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

Requestor: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Rendering NPI: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Billing NPI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Check One:

PCP    Co-Care    Specialist

- Please complete this form and return with your application.
- If your back-up arrangements are different for any location you are applying for, photocopy this page and submit a page for each location.
- If you are a **PCP or Co-Care Manager** in one or more of our managed care products, you are required to have back-up coverage available to your patients (our members) in the event you are not able to provide the services.
- PCP's are considered to be MD's, DO's, PA's, & ARNP's practicing in one of the following specialties: Family Practice, General Practice, Internal Medicine, and Pediatrics.
- If you are a **Specialist** in one or more of our managed care products, you may still complete this form and back-up information will be loaded to your file but is not required.

Providers who currently provide backup coverage for you:

Name	Complete Address	Specialty	Effective Date	Provider Number
1.				
2.				
3.				

Please indicate if you provide back-up coverage for the provider(s) you indicated as your back-ups.

- Yes    No (Please list below any providers you back-up that are different from those listed above.  
Attach an additional page if more space is needed.)

Name	Complete Address	Specialty	Effective Date	Provider Number
1.				
2.				

Certain WHPI products offer PCPs the opportunity to be paid either capitation or fee for service. Please select one payment option below. Your selection will apply to all capitated WHPI products.

- Capitation on primary medical/surgical services  
 Fee-for-service

Authorized Signature \_\_\_\_\_

For internal use only	
Specialist Signature _____	Date Completed _____