

UNMH VAPC3/Choice Program

Initial Information Required for Interest in Contracting with VAPC3/Choice Network:

1. What is the Facility W-9 name? _____
 Does the Facility have a DBA name? _____
Please attach a current W-9.
2. What is the Facility's Tax ID Number? _____
3. Facility's NPI Number? _____
4. What is the Facility's specialty? _____
5. Facility physical address? _____
 Phone #? _____ Fax #? _____
 Billing address? _____
 Phone? _____ Fax #? _____
 Mailing address? _____
 Phone #? _____ Fax #? _____
6. Facility Contact person: _____
 Contact person email: _____ Phone: _____
7. Is there a freestanding Ambulatory Surgery attached to the same TIN? Yes No Medicare # _____
8. Is there a Skilled Nursing Facility attached to the same TIN? Yes No Medicare # _____
9. Are there Swing Beds in or attached to the same TIN? Yes No Medicare # _____
10. Is there a Rehabilitation Unit attached to the same TIN? Yes No Medicare # _____
11. Is there a Hospice attached to the same TIN? Yes No Medicare # _____
12. Is there a Home Health attached to the same TIN? Yes No Medicare # _____
13. Are there In-patient Behavioral Health Services attached to the same TIN? Yes No Medicare # _____
14. Is there a Residential Treatment Center attached to the same TIN? Yes No Medicare # _____
15. Does the facility have a Partial Hospitalization Program? Yes No Medicare # _____
15. Has your Medicare or Medicaid License been revoked for any reason? Yes No Medicare # _____
16. Do you file Claims electronically? Yes No
 Do you use a clearing house? Yes No
17. What are your hours of business? _____

This is a Microsoft Word Form that can be completed/saved on your computer.

Please return this form to us via email (VAPC3credentialing@salud.unm.edu).