



Amendment Request Form

Contracting

Please complete form and email to provider.relations@carelon.com

Organization's Name:	
Date of Request:	
Provider ID#:	
Tax Identification Number (TIN):	
NPI:	
Practice Address - Street/City:	
Practice Address - State:	
Phone Number:	
Fax Number:	
Email:	
Contact Name:	

Please check one: Plan Service Procedure Code Rate Review

List each service name, procedure code, and modifier(s) you are requesting to have added/reviewed.

Service Description	Proc Code/Modifier	Proposed Rate

Note: please include if change is requested for more than one location.

Service additions also require a proposal for consideration. Proposals should include the following aspects:

- A narrative or data that shows how you intend to meet the Level of Care (LOC) performance specifications;
- Any licenses, certifications, or accreditations you have relative to this service/LOC provision;
- A sample programming schedule if applicable; and
- Clinical Intake Contact / Phone Number
- Ages you will be treating

All requests will be forwarded to the Contracting Department for processing. If all requirements listed above are met, an internal committee will review your submission and determine if this request is approved or denied.

 Printed Name and Title

 Authorized Signatory