



CHANGE IN PROVIDER PANEL FORM

Provider Name: _____ Provider Specialty: _____
 Tax ID Number: _____ National Provider Identifier (NPI): _____

PROVIDER PANEL STATUS CHANGE

Line of Business: QUEST Integration Medicare SNP (Advantage Plus) Both

Effective Date: _____ Term Date: _____

Check one of the following:

QUEST Integration	AlohaCare Advantage Plus SNP
<input type="checkbox"/> Open Panel – Accepting Members	<input type="checkbox"/> Open Panel – Accepting Members
<input type="checkbox"/> Closed Panel – Existing Members Only	<input type="checkbox"/> Closed Panel – Existing Members Only
<input type="checkbox"/> Closed Panel – Not Accepting Members	<input type="checkbox"/> Closed Panel – Not Accepting Members
<input type="checkbox"/> Closed Panel – Case by Case	<input type="checkbox"/> Closed Panel – Case by Case

PCP Panel Limits: Yes No Place Panel Limit at: _____

Patient Age Restrictions (explain below):

Please Select: Pediatrics Adults Geriatrics

Explanation: _____

Provider Signature: _____ Date: _____

Provider Name (Please print): _____

Contact Phone Number (for any follow-up questions if needed): _____

Please mail or fax this completed form to:

AlohaCare
 Attn: Provider Services
 1357 Kapiolani Blvd., Suite 1250
 Honolulu, HI 96814

Phone: (808) 973-1650 (Oahu) or (800) 434-1002 (Neighbor Islands)

Fax: (808) 973-0811