

SummaCare Facility/Ancillary Application Form

Submitting this application request form does not constitute in-network status with the SummaCare network. SummaCare will notify you of either the acceptance or decline of your application.

Ancillary/Facility Name:

Specialty:

Physical Location(s):

Primary Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____

Additional Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____

Corporate Information (if applicable):

Name _____
Primary Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____

Remit Information:

Remit Name _____
Primary Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____
Tax ID _____
NPI _____

Contracting Contact:

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____
Email _____

Credentialing Contact (if different than Contracting Contact):

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____
Email _____

Submit completed forms to: **Fax:** 330-996-8490 **Email:** contactproviderservices@summacare.com
Mail: Attn: Contracting, P.O. Box 3620, Akron, OH 44309-3620