

## SummaCare Facility/Ancillary Application Request 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:**

Date of Request \_\_\_\_\_

**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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Remit Information:**

Remit Name \_\_\_\_\_  
Primary Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Tax ID \_\_\_\_\_  
NPI \_\_\_\_\_  
Taxonomy Code: \_\_\_\_\_ Taxonomy Code: \_\_\_\_\_

**Contracting Contact:**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Credentialing Contact** (if different than Contracting Contact):

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Submit completed form to: SummaCare Contracting, FAX (330) 996-8801 or EMAIL: [SCContracting@SummaCare.com](mailto:SCContracting@SummaCare.com).**

**Mail: SummaCare, Inc. ATTN: Contracting, PO Box 3620, Akron OH 44309-3620 Phone: (330) 996-8738**



House-Based Services at Ancillaries

All house-based services (i.e. anesthesia, radiology, pathology, and laboratory) provided at ancillaries (i.e. ambulatory surgery centers, urgent care centers, radiology centers) must be provided by an in-network SummaCare provider. Please complete the information below, so that SummaCare can determine the status of the providers utilized by your facility. Please note: Your application with SummaCare cannot be processed until we have this information.

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Ancillary Name: \_\_\_\_\_
Ancillary Specialty: \_\_\_\_\_

Anesthesia Services

Are these services provided at your ancillary? [ ] Yes [ ] No
Are these services billed with your ancillary's Tax Identification Number (TIN)? [ ] Yes [ ] No

If no, please provide us with the information below regarding the group that provides this service at your ancillary.

Table with 2 columns and 8 rows: Group Name, Contact Name, Contact Address, Contact Phone, Remit Name, Remit Address, Tax Identification Number, NPI.

Radiology Services

Are these services provided at your ancillary? [ ] Yes [ ] No
Are these services billed with your ancillary's Tax Identification Number (TIN)? [ ] Yes [ ] No

If no, please provide us with the information below regarding the group that provides this service at your ancillary.

Table with 2 columns and 8 rows: Group Name, Contact Name, Contact Address, Contact Phone, Remit Name, Remit Address, Tax Identification Number, NPI.



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Ancillary Name: \_\_\_\_\_  
 Ancillary Specialty: \_\_\_\_\_

**Pathology Services**

Are these services provided at your ancillary?  Yes  No  
 Are these services billed with your ancillary's Tax Identification Number (TIN)?  Yes  No

If no, please provide us with the information below regarding the group that provides this service at your ancillary.

Group Name:	
Contact Name:	
Contact Address:	
Contact Phone:	
Remit Name:	
Remit Address:	
Tax Identification Number:	
NPI:	

**Laboratory (Reference Lab) Services**

Are these services provided at your ancillary?  Yes  No  
 Are these services billed with your ancillary's Tax Identification Number (TIN)?  Yes  No

If no, please provide us with the information below regarding the group that provides this service at your ancillary.

Group Name:	
Contact Name:	
Contact Address:	
Contact Phone:	
Remit Name:	
Remit Address:	
Tax Identification Number:	
NPI:	