

Provider Alert

May 20, 2021

Point of Contact Information

Care N' Care would like to take this opportunity to update your office point of contact information in your practice.

Current office contact information is important when Care N' Care or your Provider Concierge team needs to communicate on various topics, such as health plan updates, HEDIS/Quality Measures, and/or attestations for RAF (Risk Adjustment Factor). Communications are done by either phone, fax or email (especially email) and we want to ensure we reach the correct person in the office.

Please take a few minutes to complete the Provider Office Point of Contact Information Form.

Provider Office Point of Contact Information Form

Submit your completed form to your Provider Concierge team by email or fax.



providerconcierge@cnchealthplan.com



682-503-5427

Thank you for your cooperation and being a partner to improve our connection.



Have Questions? Contact your Provider Concierge: 817-687-4004 | providerconcierge@cnchealthplan.com







Sent by Care N' Care Insurance Company, Inc. 1701 River Run, Suite 402, Fort Worth, TX 76107

Care N' Care is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal. Care N' Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Care N' Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.



Provider Office Point of Contact Information

We ask our providers to fill this form out in order to have the accurate contact information for your office for partnership projects due to Quality/HEDIS, RAF and/or attending to any concerns.

Group Name	Gi	Group TIN			Group NPI		
Individual Provider Na	ıme In	Individual Provider TI		Ind	Individual Provider NPI		
	,			,			
Primary Address		Suite	City			State	Zip Code
	_						
Phone		Fax			Practice Email		
Register for Electronic	Provider Ale	rts & Newsl	etters:				
Email							
Contact Person							
Contact Phone	·	·					

Office contacts for the following:

Department	Name	Phone	E-Fax	Email
Office Manager				
Medical Records				
Quality/HEDIS				
Risk Adjustment				
Billing				
Authorizations				
Contracting				

Please return this form to Provider Concierge by email at providerconcierge@cnchealthplan.com or fax 682-503-5427.