The Children's Care Network
(TCCN)

Please mark your choice as Accept or Decline participation in the following plans through The Children's Care Network.

	Accept	Decline
Anthem (HMO, POS, PPO, Pathways Exchange)	○	○
Direct Employer Agreements (Cherokee County, QuikTrip)	○	○

New Physician to TCCN (required):

- Must be on Professional Staff at Children's Healthcare of Atlanta.
- Must be board certified or board eligible
- Medical Staff Services is required to send the credentialing application email to the physician. May add additional email for practice administrator or practice credentialing staff.

Full name	
NPI	
Date of Birth	
Board Certified Status	
Email Address	
Staff Email Address	
Start Date	

TCCN Member Changing Practice (required):

- Termination letter from current practice with termination date.
- Notification from current practice on practice letterhead with start date.
- TCCN Opt-in Checklist
- TCCN Questionnaire
- Current W-9

TCCN Member Termination (required):

- Requires official termination letter on practice letterhead with termination date.
- Indicate if the physician wants to be removed from Children's Professional Staff.

Practice Demographic Changes (required):

- Official notification on practice letterhead indicating the changes with effective date
- Current W-9

Physician Name:_____ Signature: _____

Practice Name: _____ Date: _____

Please submit your completed form to your TCCN Provider Relations Representative.

The Children's Care Network

PARTICIPATION QUESTIONNAIRE

Name: _____

Practice Name: _____

Provider NPI #: _____ Taxonomy Code: _____

Group NPI #: _____

Tax Identification Number (TIN): _____

1. Participating as: (Mark one) ◯ Primary Care ◯ Specialty Care ◯ Both

   Please specify specialty: _____

2. Covering physicians: 24-hour, 7 day-a-week coverage for Primary Care is required. Please describe after-hours arrangements and list your covering physicians by name. Coverage physicians should be participating TCCN physicians.

   After-hours and vacation arrangement: _____

   _____

   Covering Physician(s): _____

   Are you accepting new patients? (Mark one.) ◯ Yes ◯ No

   Are you accepting existing patients? (Mark one.) ◯ Yes ◯ No

   Practice Type: (Mark one.) ◯ Solo ◯ Group

3. Office Hours (Please copy and complete for each individual office location.)

Day	From:	To:	From:	To:
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Extended hours? (Mark one.) ◯ Yes ◯ No

4. Primary Office Location

   Address: _____

   _____

   City: _____ State: _____ Zip: _____

   Medicaid Number (required for each individual location): _____

   Main Phone: _____ Back Office Phone: _____

   Fax: _____

   Office Manager: _____

5. Additional Office Location

   Address: _____

   _____

   City: _____ State: _____ Zip: _____

   Medicaid Number (required for each individual location): _____

   Main Phone: _____ Back Office Phone: _____

   Fax: _____

   Office Manager: _____

6. Billing Location

   Billing Name (if different from practice name): _____

   Address: _____

   _____

   City: _____ State: _____ Zip: _____

   Main Phone: _____ Fax: _____

   Billing Manager: _____

7. Provider Age Limitations (Mark one):

   ◯ Newborns Only ◯ Ages 0 - 18 ◯ Ages 0 – 21 ◯ Adults & Pediatrics

8. Primary hospital affiliation: _____

9. Is your individual practice comprised of 75% or more pediatric patients? (Mark one.) ◯ Yes ◯ No

10. If no, approximately what percentage of your practice is comprised of pediatric patients? _____%

10. Physician Consent

A. The information given in or attached to this form is accurate and complete to the best of my knowledge, information, and belief. I will provide updated information regarding all questions on this form as such information becomes available and will provide such additional information as may be requested.

B. If required by TCCN, I will permit their representatives to have access to my private office(s), office personnel and medical records for the purpose of conducting on-site evaluations of my office(s).

Date: _____

_____
Physician Signature

_____
Printed Name of Physician

Additional Office Location

Address: _____

_____

City: _____ State: _____ Zip: _____

Medicaid Number (required for each individual location): _____

Main Phone: _____ Back Office Phone: _

Fax: _____

Office Manager: _____

Additional Office Location

Address: _____

_____

City: _____ State: _____ Zip: _____

Medicaid Number (required for each individual location): _____

Main Phone: _____ Back Office Phone: _

Fax: _____

Office Manager: _____

Additional Office Location

Address: _____

_____

City: _____ State: _____ Zip: _____

Medicaid Number (required for each individual location): _____

Main Phone: _____ Back Office Phone: _

Fax: _____

Office Manager: _____

Additional Office Location

Address: _____

_____

City: _____ State: _____ Zip: _____

Medicaid Number (required for each individual location): _____

Main Phone: _____ Back Office Phone: _

Fax: _____

Office Manager: _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*