

Behavioral Health Access to Care Provider Attestation



Provider Name: _____ Provider Tax ID Number (TIN): _____

AmeriHealth Caritas Florida covers behavioral health services provided both in-person and through telehealth, when appropriate, for services covered under the Agency for Health Care Administration (AHCA) contract.

- Program year 2023 (January – December)
- Provider agrees to have post hospitalization and emergent visit appointment availability within 48 hours of a request for services at the locations listed below.
- Provider is a participating PerformPlus program provider.

Please list all service locations with post hospitalization and emergent visit appointment availability within 48 hours of a request for service.	Telehealth
Service location 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service location 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service location 3:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service location 4:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

I attest to the statements and information presented and I represent the practice under “Provider name” listed above. I further attest that I am able to provide services to AmeriHealth Caritas Florida members.

Printed name:		Title:	
Phone number:	Signature:		Date:

Please return to: akay@amerihealthcaritasfl.com