SummaCare Application Request and Practice Information Form

Please complete one form per practice. Use additional sheets as necessary. 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.

Date of Request ______________________

Practice Name: ____

Solo Practice ☐ Group Practice ☐

Please list all providers in this practice. (You may attach an additional sheet if necessary)

Name	Degree or License Type	Specialty	Individual NPI #	CAQH #	Hospital Privileges

Primary Practice Location: ____

City ______________________ State ____ Zip __________ County ______________________

Phone ______________________ Fax ______________________

Email Address: ______________________________________

Secondary Practice Location: ____

City ______________________ State ____ Zip __________ County ______________________

Phone ______________________ Fax ______________________

Additional Practice Location: ____

City ______________________ State ____ Zip __________ County ______________________

Phone ______________________ Fax ______________________

Remit/Corporate Name: ____

Remit Address: ____

City ______________________ State ____ Zip __________ County ______________________

Phone ______________________ Fax ______________________

Practice Tax ID #: ______________________ Group NPI #: ______________________

Contracting/Credentialing Contact Information:

Name: ______________________ Title: ______________________ Email: ______________________

Address: ______________________ Phone: ______________________

State ______________________ Fax: ______________________

Correspondence Address: (if different than primary location)

Name: ______________________ Email: ______________________

Address: ______________________ Phone: ______________________

State ______________________ Fax: ______________________

Submit completed form to: SummaCare Contracting, FAX (330) 996-8801 or EMAIL: SCContracting@SummaCare.com.
Mail: SummaCare, Inc. ATTN: Contracting, PO Box 3620, Akron OH 44309-3620 Phone: (330) 996-8738