Provider Participation Request Application

Please select the Program you are interested in contracting:

- ☐ EverCare Choice; Managed Long Term Care Plan [MLTCP]
- ☐ EverCare Social Adult Day Care Program
- ☐ EverCare at Home; Certified Home Health Agency [CHHA]

This Provider Participation Request Application is to be completed by organizations that seek contract consideration for services you intend to provide.

Please complete form and fax to 845-569-1887 or email to keckert@evercare.org
Attention: Kaitlin Eckert, Administrative Coordinator

Please note: The completion of this form does not in any way create an agreement.

Company Name:_____

Services you would like to provide as a Contracted Vendor to be listed in our Provider Network [please check all that apply]:

- ☐ Homecare Services | Licensed Agency
- ☐ Homecare Services | Therapies [PT, OT, SLP]
- ☐ Homecare Services | Social Work
- ☐ Adult Day Health Services
- ☐ DME|Supplies
- ☐ Transportation
- ☐ Consulting
- ☐ Audiology
- ☐ Optometry
- ☐ Other:_____
- ☐ Homecare Services | Certified Agency
- ☐ Homecare Services | Nutrition
- ☐ Skilled Nursing Facility [SNF] | No. of Beds: ___
- ☐ Social Day Care
- ☐ Meals
- ☐ Social & Environmental
- ☐ Fiscal Intermediary | CDPAS
- ☐ Dentistry ☐ Oral Surgery
- ☐ Podiatry

Thank you for your interest in partnering with EverCare!

A. ORGANIZATIONAL INFORMATION

Date: ____/____/____

Organization's Legal Name: _____

Known As or d/b/a Name: _____
Corporate Office Street Address 1: _____

Corporate Office Street Address 2: _____

City, State, Zip: _____ , _____ _____

Tel: (_____) _____ Fax: (_____) _____

Website: _____

☐ Not–For–Profit ☐ For–Profit ☐ Small Business ☐ Minority Business ☐ Woman–Owned Business

NPI #: _____ Medicaid ProviderID#: _____

PFI #: _____ Tax ID #: _____

Does your comprehensive and/or professional/malpractice insurance coverage meet or exceed the Plan's requirement of $1 million per incident | $3 million per aggregate? ☐ Yes ☐ No

In what counties are you licensed to operate/do you serve?

☐ Orange ☐ Rockland ☐ Dutchess

What are your hours of operation?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Hours: _____:_____ am to _____:_____ pm

☐ Saturday ☐ Sunday
Hours: _____:_____ am to _____:_____ pm

Office Building is Wheelchair Accessible: ☐ Yes ☐ No

Services are Wheelchair Accessible [e.g. dental chair]: ☐ Yes ☐ No

B. LEADERSHIP INFORMATION

President|CEO|Owner Name: _____

Corporate Office Street Address 1: _____

City, State, Zip: _____ , _____ _____

Tel: (_____) _____ Fax: (_____) _____

Cell: (_____) _____ Email: _____

Contract Manager Name:_____

Tel: (_____) _____ Fax: (_____) _____

Cell: (_____) _____ Email: _____

Please Note:

It is a vital component to our comprehensive compliance program that we build a Provider Network and Clinical Care Team of contracted vendors ensuring that within the past 5 years, the organization, any affiliate [including a wholly or partially owned subsidiary] any predecessor company or entity, any owner of 5.0% or more of the firm's shares, any director, officer, partner or proprietor or any employee alleged to have been acting on the part of the organization has **not** been the subject of any of the following: Medicare or Medicaid Sanctions or denial, restriction and/or suspension; Civil or criminal investigation of the New York State Ethics Commission involving violation[s] of Section 73 and Section 74 or other Sections of the Public Office Law; Criminal investigation, indictment, or judgement of conviction for any business-related conduct constituting a crime under state or federal law; Federal or state suspension, denial, restriction, suspension, reduction, revocation and/or debarment of a license/certification; State Labor Law violation deemed willful; nor, Any other federal or state citations, notices, violations orders, pending administrative hearings or proceedings, or determinations of a violation of any regulation.

It is a vital component to our comprehensive compliance program that we build a Provider Network and Clinical Care Team of contracted vendors ensuring all staff who are providing services at all times meet regulatory requirements, including valid licensure/certification, and are trained and fully competent to perform contracted duties. EverCare will review all applications to ensure steps are in place to ensure qualifications, compliance, thoroughly vetted, and sanction-screened staff.

Should a contractual agreement be signed, any information provided in this application, which subsequently is found to be false, may lead to adverse action[s], including but not limited to, denial of payments, the termination of the contract, and/or reporting to governing/regulatory bodies.