



Join Our Network

Thank you for considering joining CountyCare's network of providers.

CountyCare believes great member care starts with great providers. To learn more about joining CountyCare's network of providers, please submit a completed request form to CountyCareContracting@cookcountyhhs.org. After your form has been submitted, a CountyCare representative will reach out to you if CountyCare decides to pursue a contract with your organization.

Please note: submitting this form is a request and not official registration. **Questions?** Call 312-864-8200.

Provider First Name

Provider Last Name

Degree

Are you adding a provider to an existing agreement?

Are you joining as a group?

Are you Business Enterprise Program (BEP) Certified?

YES

NO

YES

NO

YES

NO

Group Name

Tax Identification Number

What is your specialty?

What is your line of business?

What is your facility type?

What services are you approved to provide under Medicaid?

Please list types of providers/clinical staff your group employs.

Please list any certifications/accreditations/licenses you have.

Please list the geographic area that you cover.

What is your target population (i.e. ages, gender, special needs groups)?

Address

City

County

State

Zip code

NPI

CAQH Number

Medicaid Number

License Number

Describe your experience working with Medicaid populations.

Contact Information

Please use this space to share any additional information:

Primary Contact Name

Email

Phone Number