

Participating Provider Health Plan Capacity Form

Provider Name	Provider NPI	Medicaid Plan: CareSource Capacity	Medicaid Plan: Molina Capacity	Medicaid Plan: United Health Care Community Capacity	Medicaid Plan: Buckeye Capacity	Medicaid Plan: Paramount Capacity

Participating, no new patients: 0 | **Minimum Patient Panel:** 50 per provider, per plan | **Maximum Patient Panel:** 2,000 per provider, per plan

Please note that the maximums are further limited to a maximum of 10,000 patients per plan at each location.

Practice Authorization: _____ Date: _____

Forward updated Participation/Capacity forms to Provider Relations at: PFKProviderRel@NationwideChildrens.org or call (614) 355-5503.

