



Apple Health and Foundational Community Supports Practice Profile Update Form

Washington | Medicaid

To update your practice profile, submit new information using the form below to the FCS team at FCSTPA@wellpoint.com or fax **844-470-8859**. If you have any questions or need assistance, please contact Provider Services at **833-731-2274** or a network relations consultant. For Foundational Community Supports (FCS), contact your FCS manager at **844-451-2828**.

1. Do not complete the entire form. Only fill in sections where your information has changed.
2. You must complete the Provider Information section.
3. Sign and date the form before faxing.

Provider information	
Provider name:	Specialty:
	License number:
Gender: ☐ Female ☐ Male	NPI:

What information are you updating?	
Check all that apply:	
☐ Billing information	☐ Practice details
☐ Location or contact information	☐ PCP details
☐ Office hours	☐ Other:

Practice details			
Office hours:		Age range of patients served:	
Monday	a.m.	p.m.	☐ Pediatric* ☐ Geriatric

Coverage provided by Wellpoint Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized Tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the Tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the Tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and recognition of the deeply rooted traditions and values of the Tribal communities.

WA-WP-CD-020167-26-S5435 | September 2026

Practice details				
Tuesday	a.m.	p.m.	☐ All ages	☐ Other:
Wednesday	a.m.	p.m.	Languages spoken:	
Thursday	a.m.	p.m.		
Friday	a.m.	p.m.		
Saturday	a.m.	p.m.	Wheelchair accessible?	
Sunday	a.m.	p.m.	☐ Yes ☐ No	

* Does not apply to FCS

PCP details			
PCPs are required to have 24/7 coverage. FCS providers must have the same coverage availability as other clients. Mark your coverage type below:			
☐ Answering service	☐ Beeper or pager	☐ Answering machine	☐ Other phone number:
Are you accepting new patients/enrollees?		☐ Yes ☐ No	
If yes, please explain:			

Billing information — Attach a copy of the current <i>IRS Form W-9</i> for all billing changes.	
New tax ID number?	☐ Yes ☐ No
Tax ID number	
Billing address:	
Phone number:	Fax number:
Contact person:	

New or an additional office location	
☐ New location	☐ Additional location
Site name:	
Site address:	
Office manager:	

New or an additional office location				
Phone number:			Fax number:	
Office hours:			Accepting new patients/enrollees?	
Monday	a.m.	p.m.	☐ Yes ☐ No	
Tuesday	a.m.	p.m.	Age range of patients served:	
Wednesday	a.m.	p.m.	☐ Pediatric	☐ Geriatric
Thursday	a.m.	p.m.	☐ All ages	☐ Other:
Friday	a.m.	p.m.	Wheelchair accessible?	
Saturday	a.m.	p.m.	☐ Yes ☐ No	
Sunday	a.m.	p.m.		
Languages spoken:				
To add additional office locations, attach a separate sheet.				

Remove an office location	
Do you want to remove an office location?	☐ Yes ☐ No
Site name:	
Site address:	
Office manager:	
Phone number:	Fax number:
To remove additional office locations, attach a separate sheet.	

Signature:	Printed name:
Date completed:	Date received by health plan:
Contact person:	Contact phone number:
(For office use only)	