# Provider Demographic Information Change Request Form

Please type or print legibly to avoid processing delays.

|  |  |
| --- | --- |
| * **Participating provider** | * **Non-participating provider** |

## Current Provider Information

Provider name: Email:

Specialty: NPI: Tax ID:

## Provider Change Information

This change affects:

|  |  |  |  |
| --- | --- | --- | --- |
| * Group practice | * Individual provider | * Institution/Facility | Date change will take effect: / /  Month Date Year |

**Type of Change** (Please check all that apply)

|  |  |  |
| --- | --- | --- |
| * Add TIN | * Add service address | * Change name (group or physician): |
| * Deactivate TIN | * Change service address | * Change or add hospital affiliation: |
| * Change TIN | * Change billing address | * Add specialty: |
| * Add billing address | * Delete service address | * Other: |

# New Demographic Information

|  |  |
| --- | --- |
| **New Service Information:**  (If more than one location, attach an additional form for each location)  Primary service location?  Yes  No  Individual name: Group name: Address: City: State: Zip code: Telephone: ( ) Fax: ( ) Tax ID: | **New Billing Information:**  **(W-9 form must be submitted with all Tax ID updates)**  Name: (As shown on your income tax return)  Address: City: State: Zip code: Telephone: ( ) Fax: ( ) Tax ID: NPI: |

**Old Demographic Information**

|  |  |
| --- | --- |
| **Old Service Information:**  (If more than one location, attach an additional form for each location) Individual name: Group name: Address: City: State: Zip code: Telephone: ( ) Fax: ( ) Tax ID: | **Old Billing Information:**  Name: (As shown on your income tax return)  Address: City: State: Zip code: Telephone: ( ) Fax: ( ) Tax ID: NPI: |

Print name and title of authorized signature: Authorized signature: **X** Date: Title: Email: Telephone: ( ) Fax: ( )

**Please fax or email completed form with additional documentation to:**

Email: [pdm@imperialhealthholdings.com](mailto:pdm@imperialhealthholdings.com)

**Tax ID updates cannot be processed without a properly completed W-9 Form.**

**INTERNAL USE ONLY:** Update Completed  Initials:  Date: / /