# 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  NoIndividual 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

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

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