



## PROVIDER CHANGE NOTIFICATION FORM

\*Please add additional information in the comments section\*

PLEASE PRINT

<b>Information Changing</b>	<input type="checkbox"/> Practice <input type="checkbox"/> Billing <input type="checkbox"/> TIN <input type="checkbox"/> Other - please specify in Comment section below		
<b>Group NPI Number</b>		<b>Group Medicaid Number Location Code</b>	
<b>Specialty</b>		<b>Age Limit</b>	<input type="checkbox"/> None <input type="checkbox"/> 0-17 <input type="checkbox"/> 18+ yrs <input type="checkbox"/> 21+ yrs
<b>List in Directory</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Hospital Based</b>	<input type="checkbox"/> *Yes <input type="checkbox"/> No <b>*By checking yes, you are stating that the provider practices solely in the hospital setting at SJHS and members are referred to the facility and not directly to the provider. Hospital based providers will not be listed in the provider directory.</b>		
<b>Contact Person</b>		<b>E-mail Address</b>	

Provider Data	New Information	Previous/Current Information	Effective Date
<b>Tax ID Number</b>			
<b>Practitioner Name</b>			
<b>Practitioner E-mail</b>			
<b>Practice Name</b>			
<b>Primary Location</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> (Specify)			
<b>Practice Address</b>			
<b>City, State, Zip</b>			
<b>Phone Number</b>			
<b>Fax Number</b>			
<b>Office Hours</b>			
<b>Accepting New Patients</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Billing Data	New Information	Previous/Current Information	Effective Date
<b>Billing Company</b>			
<b>Billing Address</b>			
<b>City, State, Zip</b>			
<b>Phone Number</b>			
<b>Fax Number</b>			

Provide information on who performs billing services for your practice

Remit Data	New Information	Previous/Current Information	Effective Date
<b>Remit To Name</b>			
<b>Remit Address</b>			
<b>City, State, Zip</b>			

Provide information on the "Remit to" or "Pay to" - This information *must* match what your practice is billing in Box 33 on HCFA

### Comments