



Completed by:

Contact email:

### Established Provider Information Change Form

Type:    Add       Term       Change	What?
Effective Date of Add/Term/Change:	Billing Contact & Phone:
Corporate Name:	Clinic/Facility Name:
List in Provider Directory?       Yes       No	
Tax ID (as filed with IRS):	OLD Tax ID (if applicable):

<b>EXISTING or NEW Billing Information</b>		<b>OLD Billing Information (if applicable)</b>	
Name:		Name:	
NPI:		NPI:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:	Fax:	Phone:	Fax:
Website Address:		Website Address:	
Hours:		Hours:	

<b>EXISTING or NEW Site Information (Site 1)</b>		<b>OLD Site Information (if applicable) (Site1)</b>	
Name:		Name:	
NPI:		NPI:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:	Fax:	Phone:	Fax:
Hours:		Hours:	

<b>EXISTING or NEW Site Information (Site 2)</b>		<b>OLD Site Information (if applicable) (Site 2)</b>	
Name:		Name:	
NPI:		NPI:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:	Fax:	Phone:	Fax:
Hours:		Hours:	

**Provider/Facility Information**

List in Directory? (Y or N)	NPI	Name (First, MI, Last)	Degree	Specialty	Site # (1, 2,..)	CAQH ID	Effective Date	Term Date	*Telehealth Y/N

\*Telehealth is defined as professional consultations, office visits, and office psychiatry services through technology-based services/virtual check-in, remote evaluation of pre-recorded patient information, and inter-professional internet consultation.

Add	Term	<b>Mental Health Services</b>	Add	Term	<b>Substance Related Disorder Services</b>
		Adult Inpatient Mental Health Services (IAMH)	<input type="checkbox"/>	<input type="checkbox"/>	Adult Inpatient Substance Related Disorder Services (IASA)
		Adolescent Inpatient Mental Health Services (ITMH)	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent Inpatient Substance Related Disorder Services (ITSA)
		Adult Outpatient Mental Health Partial Hospital/Day Program Services (OAMH)	<input type="checkbox"/>	<input type="checkbox"/>	Adult Outpatient Substance Related Disorder Services (OASA)
		Adolescent Outpatient Mental Partial Hospital Day Treatment Services (OTMH)	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent Outpatient Substance Related Disorder Services (OTSA)