PreferredOne®

Name:
Date Completed:

Established Provider Information Change Form

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

***EXISTING* or *NEW* Billing Information**		***OLD* Billing Information** *(if applicable)*	
Name:		**Name:**	
NPI:		**NPI:**	
Address:		**Address:**	
City/State/Zip:		**City/State/Zip:**	
Phone:	**Fax:**	**Phone:**	**Fax:**
Email:		**Email:**	
Hours:		**Hours:**	
Billing ID: *(internal use only)*		**Billing ID:** *(internal use only)*	
EXISTING* or *NEW* Site Information** ***(Site 1)		***OLD* Site Information** *(if applicable)* ***(Site1)***	
Name:		**Name:**	
NPI:		**NPI:**	
Address:		**Address:**	
City/State/Zip:		**City/State/Zip:**	
Phone:	**Fax:**	**Phone:**	**Fax:**
Email:		**Email:**	
Hours:		**Hours:**	
Billing ID: *(internal use only)*		**Billing ID:** *(internal use only)*	
EXISTING* or *NEW* Site Information** ***(Site 2)		***OLD* Site Information** *(if applicable)* ***(Site 2)***	
Name:		**Name:**	
NPI:		**NPI:**	
Address:		**Address:**	
City/State/Zip:		**City/State/Zip:**	
Phone:	**Fax:**	**Phone:**	**Fax:**
Email:		**Email:**	
Hours:		**Hours:**	
Billing ID: *(internal use only)*		**Billing ID:** *(internal use only)*	

Provider/Facility Information							*(Internal use only)*			
List in Directory? (Y or N)	**NPI**	**Name (First, MI, Last)**	**Degree**	**Specialty**	**License Number**	**Site # (1, 2,…)**	**Effective Date**	**Term Date**	**Prov/Fac ID Episodes**	**Facets ID**

Add	**Term**	***Mental Health Services***	**Add**	**Term**	***Substance Related Disorder Services***
☐	☐	Adult Inpatient Mental Health Services (IAMH)	☐	☐	Adult Inpatient Substance Related Disorder Services (IASA)
☐	☐	Adolescent Inpatient Mental Health Services (ITMH)	☐	☐	Adolescent Inpatient Substance Related Disorder Services (ITSA)
☐	☐	Adult Outpatient Mental Health Partial Hospital/Day Program Services (OAMH)	☐	☐	Adult Outpatient Substance Related Disorder Services (OASA)
☐	☐	Adolescent Outpatient Mental Partial Hospital Day Treatment Services (OTMH)	☐	☐	Adolescent Outpatient Substance Related Disorder Services (OTSA)

(The below section is for internal use only)

Comments/Instructions

System Updated					
☐ **Provider Guide**	**Date:**	**Initials:**	☐ **Facets**	**Date:**	**Initials:**
Tracking Number:			☐ **NetworksPro**	**Date:**	**Initials:**