



Completed by:

Contact email:

**Established Provider Information Change Form**

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

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

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

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

***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	<i>Mental Health Services</i>	Add	Term	<i>Substance Related Disorder Services</i>
		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)