



Physician Performance LLC

Request for change in participation

Group Name:	TIN:
Provider Name:	Provider NPI:

Please fill in all sections that apply and send to PLLCAdministration@bidmc.harvard.edu.

1. New Address Information (adding a new practice location that currently doesn't exist under your TIN)	
Address Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Billing <input type="checkbox"/> Mailing	
Address line 1:	
Address line 2:	
City:	
State:	Zip:
Phone:	Fax:
2. TIN Change	
Proposed effective date:	
New TIN information: Legal Name: _____ TIN # _____	Old TIN information: Legal Name: _____ TIN # _____
3. Scope of service change:	
Description of services being added to practice:	
4. Status change:	
Status Change to: PCP Status Change to: PCP/SCP Status Change to: SCP (MD taking panel: _____)	
5. Contact Person Submitting Information	
Name:	Signature:
Phone:	
Title:	Date of submission:

Please send to: PLLCAdministration@bidmc.harvard.edu