

### **Provider Change/Term Form**

Group Name:	TIN:
Provider Name:	Provider NPI:

Effective date of the **change/term** (\*final effective date at health plan is dependent on contractual obligations):

#### **Type Of Change**

##### **Phone Number Change**

Old phone number to be removed \_\_\_\_\_

Old fax number to be removed \_\_\_\_\_

\_\_\_ Primary phone number      Secondary phone

\_\_\_ Primary fax number      Secondary fax

New phone number to add \_\_\_\_\_

New fax number to add \_\_\_\_\_

##### **Provider name change**

New First Name:

New Last Name:

##### **Change Panel Status**

Patient panel change-Open

Patient panel change-Close

\*Please be aware all panels will be open or closed with all contracted payers

##### **Designation change (\*New Designation)**

Primary Care Physician (PCP)

Primary Care Physician / Specialists (PCP/Specialist)

Specialist (SCP)

**\*Add description**

##### **Scope of service change:**

Description of services being added or removed from the practice:

#### **Add or Remove location**

##### **Add Location**

Address Type: \_\_\_ Primary      \_\_\_ Secondary      \_\_\_ Billing      \_\_\_ Mailing

Address line 1:

Address line 2:				
City:		State:		Zip:
Phone:		Fax:		
<b>Remove Location</b>				
Address Type:	Primary	Secondary	Billing	Mailing
Address line 1:				
Address line 2:				
City:		State:		Zip:
Phone:		Fax:		
<b>*If you have additional addresses to add or remove, please attach them to a separate sheet</b>				

<b>TIN Change</b>	
<b>New</b> TIN information:  Legal Name: _____  TIN # _____	<b>Old</b> TIN information:  Legal Name: _____  TIN # _____
<b>Group (Type II) NPI Change</b>	
<b>New</b> NPI information:  NPI number _____	<b>Old</b> NPI information:  NPI Number _____
<b>Provider Termination</b> <b>Please note termination dates cannot be backdated</b>	
<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Which provider in the practice will take over the patient panels of the terminated provider (PCPs only):   _____ </div> <p><b>Reason for termination</b> (please check only one box):</p> <p>___ Resigned</p> <p>___ Leave of absence*</p> <p>___ Retired</p> <p>___ Deceased</p> <p>___ Provider sanctioned*</p> <p>___ Sabbatical*</p> <p>___ Moved out of state</p> <p>___ Other</p> <p><i>*Please provide a short explanation of the details for termination (e.g. duration of leave, why sanctioned, sabbatical specifics)</i></p> <p>_____</p> <p>_____</p>	

Contact Person Submitting/Authorized Representative for TIN	
Name:	Signature:
Phone:	
Title:	Date of submission:
Email:	

*Please send to:* [PLCAdministration@bidmc.harvard.edu](mailto:PLCAdministration@bidmc.harvard.edu)