

# Provider Demographic Change Form

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| Group Name: | TIN: |
| Provider Name: | Provider NPI: |

## If you are requesting to term, change or add a TIN or provider, add addresses new to your participation in PPLLC, or change a provider from SCP to PCP, please contact us at PLLCAdministration@bidmc.harvard.edu.

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| **1. Type Of Change (Check all that apply)** |
|  Adding a Practice Location that currently exists under your TINFill in on Section 2 |  Phone Number ChangeFill in on Section 2 |  Provider name change Fill in Section 3 |
|  Patient panel change-OpenFill in Section 4 |  Patient panel change-CloseFill in Section 4 |  |

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| **2. Address Information:** |
|  | **New/Additional Address** |  | **Old Addresses** |  |
| Address Type:  Primary Secondary Billing  Mailing | Address Type:  Primary Secondary Billing  Mailing |
| Address line1: | Address line1: |
| Address line 2: | Address line 2: |
| City: | City: |
| State: | Zip: | State: |  | Zip: |
| Phone: Fax:  | Phone: Fax:  |
| **3. Demographic Change – 30 day notice required** |
| Effective date: |
| New provider name:Last Name: First Name  | Old provider name:Last Name: First Name:  |
| **4. Patient Panel:** |
|  Panel Change Open Close Effective Date \*Please be aware all panels will be open or closed with all contracted payers |
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| **5. Contact Person Submitting Information** |
| Name: | Signature: |
| Phone: |
| Title: | Date of submission: |

***Please send all Provider demographic requests to:*** ***ProviderChangeTerm@bidco.org***