

# 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 TIN  Fill in on Section 2 |  Phone Number Change  Fill in on Section 2 |  Provider name change  Fill in Section 3 |
|  Patient panel change-Open  Fill in Section 4 |  Patient panel change-Close  Fill 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***](mailto:ProviderChangeTerm@bidco.org)