



COMMUNITY HEALTH DIRECT CHANGE OF INFORMATION FORM PROVIDER

Change of Info Form Required for: Tax ID# change, Location Change/Addition/Termination, and all other demographic changes.

Please submit via email to CHDProviderRelations@ecommunity.com

Physician Name Click here to enter text.

Current TIN# Click here to enter text.

Current Practice Name Click here to enter text.

Provider NPI# Click here to enter text. **Group NPI#** Click here to enter text.

Medicaid Group Link # and Alpha Click here to enter text.

Patient Access (please check if changed)

Handicap Access: YES NO Age Limitations: YES NO

Limitations: Click here to enter text. Office Hours Click here to enter text.

Accepting New Patients (Must notify Community Health Direct 90 days prior to closing new patients)

Community Health Access: YES NO Effective Date of Change Click here to enter a date.

Community Health Direct: (*Community Gold & Silver*) YES NO Eff date of Change Click here to enter a date.

Tax Identification Number (TIN) if changing or adding location

New/Additional TIN# Click here to enter text. Effective Date Click here to enter a date.

New Group NPI# Click here to enter text.

Include current W-9 and CMS-1500 with TIN changes *Please submit and complete Box 32&33 on CMS-1500*****

Address Change or Practice Name Change or Additional Location (Please attach a list of additional locations if applicable)

New Practice Name Click here to enter text.

New Primary Address Location Click here to enter text.

Effective Date Click here to enter a date. New Phone Click here to enter text. New Fax Click here to enter text.

New Additional Location Click here to enter text.

Effective Date Click here to enter a date. New Phone Click here to enter text. New Fax Click here to enter text.

New Billing Location Click here to enter text.

Effective Date Click here to enter a date. New Billing Phone Click here to enter text. New Billing Fax Click here to enter text.

Address to be Terminated Click here to enter text. Effective Date Click here to enter a date.

Additional Information/Comments:

Click here to enter text.

Submitted by: _____ **Date** Click here to enter a date.