Provider Information Update/Change

SANFORD HEALTH PLAN

Fill out the Provider section of this form if you have a practitioner update. Fill out the facility section if you have a facility update. **We request a 60-day notice to be able to communicate these changes to our members.** If more room is needed, please attach an additional sheet listing your changes.

Clinic/Facility name:	Tax ID number:	Date:
Name	Title	Phone (person filling out this form)
Signature	Email	

Provider

Add/Remove Provider

If additional room is needed for provider changes, please list them on a separate sheet and include it with this completed form.

Provider name:		Title:	NPI:
DOB:	SSN:	Provider Email:	
License number:		State:	Exp. Date:
Practicing specialty:		Languages:	
☐ Male ☐ Female	Clinic/Hospital Name:		Phone:
Address:		City/State:	Zip:
Tax ID:	Group NPI:		Primary site? ☐ Yes ☐ No
Accepting new patients? ☐ Yes ☐ No		Directory suppress? ☐ Yes ☐ No	
Practicing As: ☐Hospital Based Only	☐ Hospitalist	☐ Locum Tenens	☐ Urgent Care ☐ Resident
☐ **ADD** ☐ **REMOVE**	Reason employment ended:		Effective date:

Provider Demographic Change: provide legal document

Provider NPI:			
Provider's previous name:		Provider's new name:	
Old license number:	State:	New license number:	State:

Facility

Clinic/Facility Name Change

Previous Clinic Name:		New Clinic Name:
Effective Date:	Facility NPI number:	Billing NPI number:
Clinic/Facility is ADA Compliant ☐		

Tax Identification Number Change: submit a completed W-9 form

Previous Tax ID number:	New Tax ID number:	☐ Profit ☐ Non-profit
Effective Date:	List entities included:	

Telephone number change

Previous phone number:	New phone number:	Effective date:
☐ Clinic phone ☐ Billing office ☐ Central business office ☐ Other		

Physical/Mailing/Billing address change

☐ Office/Facility address (physical location) ☐ Mailing location ☐ Billing address	Effective date:
Previous physical:	New physical:
Previous mailing:	New mailing:
Previous billing:	New billing:

***Please fax completed form to Provider Relations at (605) 328-7224**