

PROVIDER CHANGE FORM CURRENT PRACTICE INFORMATION

Group Practice Name/Individual Name: _____
(Please Circle One ↑)

Group Practice ID/Individual ID: KMHP ID: _____ NPI # _____ PPID# _____
(Please Circle One ↑)

Contact Person Name (please print clearly) Telephone Fax e-mail address

Authorizing Signature (physician/office manager) Today's Date Effective Date of Change
Change will not be completed without signature

PROVIDER CHANGE INFORMATION

Provide Complete Information – This Request will be processed for Keystone Mercy. If any of these changes result in a change on your W-9, you must submit a copy of your W-9 with this change form. PLEASE NOTE: Practitioners must complete Keystone Mercy Credentialing before they will be added to your practice as a participating provider. Refer to the Keystone Web site for Credentialing Requirements www.keystonemercy.com

Type of Change: (Please check all that apply)	<input type="checkbox"/> Adding a Practice	<input type="checkbox"/> Adding an office location	<input type="checkbox"/> Fax change
	<input type="checkbox"/> Joining a Practice	<input type="checkbox"/> Changing an office location	<input type="checkbox"/> Name change only
	<input type="checkbox"/> Telephone change	<input type="checkbox"/> Other (attach documentation)	

PREVIOUS OFFICE INFORMATION				NEW OFFICE INFORMATION			
_____		_____		_____		_____	
KMHP Group Provider ID		NPI		KMHP Group Provider ID		NPI	
_____				_____			
Name				Name			
_____				_____			
Street Address				Street Address			
_____		_____		_____		_____	
City		State		City		State	
_____		_____		_____		_____	
Zip		Zip		Zip		Zip	
_____		_____		_____		_____	
Telephone		Fax		Telephone		Fax	
_____		_____		_____		_____	
e-mail address		e-mail address		e-mail address		e-mail address	
_____		_____		_____		_____	

ADD Practitioners (New Practitioners must complete Keystone Mercy Credentialing before they are added as a participating provider)

1. _____
Last First M.I. Degree NPI PPID

2. _____
Last First M.I. Degree NPI PPID

TERMINATE Practitioners (Please give Keystone Mercy 60 days advance notice when a Practitioner is leaving the group)

1. _____
Last First M.I. Degree NPI PPID

2. _____
Last First M.I. Degree NPI PPID

BILLING LOCATION CHANGE

Street Address 1 Telephone Fax e-mail address

Street Address 2 Federal Tax ID (change in Federal ID requires new W-9)

City State Zip

CHANGE OF OWNERSHIP

Legal Business Name of New Owner and Federal Tax ID (Requires new W-9) Effective Date of Ownership