



Health Plan

Provider Demographic Information Change Request Form

Please type or print legibly to avoid processing delays.

Participating provider

Non-participating provider

Current Provider Information

Provider name: Email:

Specialty: NPI: Tax ID:

Provider Change Information

This change affects:

Group practice Individual provider Institution/Facility Date change will take effect: / /

Type of Change (Please check all that apply)

- Add TIN Add service address Change name (group or physician):
Deactivate TIN Change service address Change or add hospital affiliation:
Change TIN Change billing address Add specialty:
Add billing address Delete service address Other:

New Demographic Information

Table with 2 columns: New Service Information, New Billing Information. Includes fields for name, address, city, state, zip code, telephone, fax, tax ID, and NPI.

Old Demographic Information

Table with 2 columns: Old Service Information, Old Billing Information. Includes fields for name, address, city, state, zip code, telephone, fax, tax ID, and NPI.

Print name and title of authorized signature:

Authorized signature: X Date:

Title: Email:

Telephone: ( ) Fax: ( )

Please fax or email completed form with additional documentation to:

Fax: (682) 885-8403 | Email: CCHPNetworkDev@cookchildrens.org

Please allow 10 business days to process your request. Tax ID updates cannot be processed without a properly completed W-9 form.

INTERNAL USE ONLY: Update Completed Initials: Date: / /