

Clinical Integration Network IPA

PROVIDER DATA CHANGE FORM INSTRUCTIONS

600 Community Drive, Suite 300, Manhasset, New York 11030

Phone: (800) 381-6140 Fax: (516) 321-8077 Email: ciipa@northwell.edu

SECTION 1: PROVIDER CONTACT INFORMATION – This section identifies the provider requesting the change, the contact person for the request and the authorized person signing on behalf of the provider, if applicable.

Date of Request – The date the request is being made

Provider Name – Provider change is in reference too

Provider Specialty – The specialty of the provider

Provider NPI – Current Individual National Practitioner Identifier

Group NPI – Current Group National Practitioner Identifier, is applicable

Practice Name – Current practice, even if a solo provider

Contact Person – The name of the person to be contacted regarding this change request

Contact Phone – The phone number of the contact person

Contact Email – The email address of the contact person

Authorized Signature – The signature of the person authorizing this change on behalf of the provider

SECTION 2: DEMOGRAPHIC CHANGE(S) – This section identifies the actual change(s) that are being requested. All sections are to be completed that apply to the providers changes.

Service Address to Add- Complete if provider is adding a new service address.

- Include practice name, practice address and the effective date of this new address. Also, include the provider's office hours at this new location.

Service Address to Terminate – Complete if provider is terminating a service address.

- Include practice name, practice address and the termination date of the address.

Billing Address to Add – Complete if provider is adding a new billing address.

- Include practice name, billing address and the effective date of this new billing address.

Billing Address to Terminate – Complete if provider is terminating a billing address.

- Include practice name, billing address and the termination date of this billing address.

SECTION 3: TAX ID CHANGES – A W9 form must accompany all requests for Tax ID changes and are subject to IPA approval and may require new IPA contracting.

Tax ID to Add– Complete if provider is adding a new Tax ID number.

- Include new Tax ID, practice name and the effective date of this Tax ID number.
***A W-9 form MUST accompany all requests for Tax ID additions and are subject to IPA approval.**

Tax ID to Terminate– Complete if provider is terminating an existing Tax ID number.

- Include existing Tax ID, practice name and the termination date of this Tax ID number.

SECTION 4: OTHER UPDATES / CHANGES – Complete this section if the above does not apply. This section can be used for:

- changes to provider specialty
- changes to hospital affiliation
- any other information you would like updated not captured above

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SECTION 1: PROVIDER CONTACT INFORMATION

Today's Date: ___/___/___

Practice Name: _____

Provider Name: _____

Contact Person: _____

Provider Specialty: _____

Contact Phone: _____

Provider NPI: _____

Contact Email: _____

Group NPI: _____

Authorized Signature: _____

SECTION 2: DEMOGRAPHIC CHANGE(S) - Complete all sections that apply. If there is more than one location, please complete additional forms.

Service Address to Add

Practice Name _____

Tel: _____

Fax: _____

Effective Date: ___/___/___

Office Hours

Mon: _____ Tue: _____ Wed: _____

Thu: _____ Fri: _____ Sat: _____ Sun: _____

Service Address to Terminate

Practice Name _____

Tel: _____

Fax: _____

Termination Date: ___/___/___

Billing Address to Add

Practice Name _____

Tel: _____

Fax: _____

Effective Date: ___/___/___

Billing Address to Terminate

Practice Name _____

Tel: _____

Fax: _____

Termination Date: ___/___/___

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SECTION 3: TAX ID CHANGES - A W9 form must accompany all requests for Tax ID changes and are subject to IPA approval and may require new IPA contracting.

Tax ID to Add	Tax ID to Terminate
Tax ID _____ Practice Name _____ Effective Date: ____/____/____	Tax ID _____ Practice Name _____ Termination Date: ____/____/____

SECTION 4: OTHER UPDATES / CHANGES

1) _____
2) _____
3) _____
4) _____
5) _____

**Please allow 10-14 business days to process your request from the date of receipt.
Tax ID updates will NOT be processed without a completed W9 form.**