

# Clinical Integration Network IPA

## PROVIDER DATA CHANGE FORM

600 Community Drive, Suite 402, Manhasset, New York 11030  
Phone: (800) 381-6140 Fax: (516) 321-8077 Website: [cipa.northwell.edu](http://cipa.northwell.edu)

### 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: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Effective Date: \_\_\_/\_\_\_/\_\_\_

#### Office Hours

Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_

Thu: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

#### Service Address to Terminate

Practice Name \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Termination Date: \_\_\_/\_\_\_/\_\_\_

#### Billing Address to Add

Practice Name \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Effective Date: \_\_\_/\_\_\_/\_\_\_

#### Billing Address to Terminate

Practice Name \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Tax ID: \_\_\_\_\_

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.**