

To be listed in the directory for a specific location, the provider must see patients at that location on a regular and consistent basis but, in no event, less than once per week. A “regular and consistent basis” does not include covering physicians who are in the office occasionally.

Provider Information Update Form

Provider Name:	Type of Provider:
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Provider Changes (Please check the box below)

- | | |
|---|---|
| <input type="checkbox"/> Adding / Removing a practice address (A)** | <input type="checkbox"/> Correcting an existing correspondence (B) |
| <input type="checkbox"/> Removing a provider (C) | <input type="checkbox"/> Correcting an existing billing address (D) |

Are you Accepting New Patients? Yes No

****Note:** When adding or changing the Practice Address information, please also enter the Correspondence and Billing Address information below.

A. ADDING / REMOVING A PRACTICE ADDRESS

Practice Address to be removed			New Practice Address		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone Number:	Fax Number:		Telephone Number:	Fax Number:	
			Office Hours:		
Federal Tax ID #:	NPI #:		Federal Tax ID #:	NPI #:	

Effective Date of Practice Address Change: ___/___/___

B. CORRESPONDENCE ADDRESS CHANGES

- | | |
|--|--|
| <input type="checkbox"/> Updating correspondence address | <input type="checkbox"/> Correspondence and service address are the same |
| <input type="checkbox"/> Correspondence and billing address are the same | |

Correspondence Address to be removed			New Correspondence Address		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone Number	Fax Number		Telephone Number	Fax Number	
Federal Tax ID #:	NPI #:		Federal Tax ID #	NPI #:	

Effective Date of Correspondence Address Change: ___/___/___

C. PROVIDER IS NO LONGER PART OF YOUR PRACTICE

Provider Resigned

Provider Retired

Other _____

Effective Date No Longer Part of Your Practice: / /

D. BILLING ADDRESS CHANGES

Adding a billing address

Correcting an existing billing address

Closing a billing address

Additional Federal Tax identification Number

Closing a Federal Tax identification Number

Billing Address to be removed			New Billing Address		
Street Address:			Street Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Telephone Number:	Fax Number:		Telephone Number:	Fax Number:	
Federal Tax ID #:	NPI #:		Federal Tax ID #:	NPI #:	

Effective Date of Billing Address Change: ___/___/___

Important! Please be sure to update your CAQH application with all changes submitted to ConnectiCare.

ConnectiCare will endeavor to update its records within thirty (30) days of receipt of the completed paperwork.

Provider's Certification

Under the penalties of perjury, I certify that:

- 1) The Provider's Federal Taxpayer Identification Number (TIN) shown on this form is correct, and
- 2) The Provider is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the payee that it is no longer Subject to backup withholding, and
- 3) The Provider is a U.S. person (including a U.S. resident alien), and
- 4) The Provider is exempt from the Foreign Account Tax Compliance Act (FATCA) reporting.

Signature: _____ **Printed Name:** _____

Title: _____ **Date:** ___/___/___

Email address: _____ **Telephone Number:** _____