

Non-Participating Provider Change Form

About The Change

Please provide a brief explanation of the change					
Physician/Provider Group/Facility Name					
Current Tax ID		NPI Number		Today's Date	

Person Completing This Form

Name					
Phone					
E-mail					

<input type="checkbox"/> Demographic (Address, Phone, or Fax) Change				Effective Date	
Address Type (check all that apply)	<input type="checkbox"/> Primary <input type="checkbox"/> Tax ID Address*	<input type="checkbox"/> Secondary <input type="checkbox"/> Other	<input type="checkbox"/> Billing/Remit <input type="checkbox"/> All		
New Address					
City		State		Zip Code	
Phone		Fax			
If hours of operation are changing, list new hours here:			Default hours will be Monday to Friday 9 – 5		
Term date (last day) old address is valid:					
Effective date new address is valid on:					

You must include a W-9 for this change. **Note: There should not be a gap between the term and effective date of this change. If this also changes the EDI Receipt fax number, where electronic claim receipt notices are sent, please notify EDI at 800 942-0954 ext. 48686 or EDISETUP@priorityhealth.com.*

<input type="checkbox"/> Name, Tax ID* or NPI Change				Effective Date	
Current Name		New Name			
Old Dates of Service will be billed with:	<input type="checkbox"/> Old Name <input type="checkbox"/> New Name				
Current Tax ID		New Tax ID*			
Current NPI		New NPI			

**You must include a W-9 for this change.*

Fax the completed form to:

616-975-8832

Or mail to:

Priority Health

Attn: Provider Configuration Dept MS 2205

1231 E Beltline NE

Grand Rapids, MI. 49525