



PROVIDER CHANGE FORM

Use this form for changes to existing provider information.

Note: If you are part of a physician organization/physician hospital organization, do not send form directly to HAP. All changes must be submitted from your PO/PHO organization.

Instructions

1. This form is a fillable PDF. Please **download** it and complete the fields.
2. Check the appropriate box for type of change. Then refer to sections that need to be completed.

X	For	Complete Sections
	Add new practice locations	1, 9
	Billing (pay to) address change (only one pay to address per Tax ID allowed)	1, 2
	Leaving HAP and/or HAP Empowered	1, 6
	Office address/phone/fax changes	1, 4
	Ownership change	1, 8
	Patient accepting status	1, 5
	Provider type change (e.g., PCP to Specialist, etc.)	1, 5
	Specialty type change or addition	1, 5
	Tax ID (TIN) changes	1, 3
	Transferring networks (physicians)	1, 7
	Other (for information related to demographic updates, terminations, or transfers)	1, 10

3. All changes require 30-day notice to HAP.
4. We will only accept current W-9 forms (nothing older than 10 years). **Be sure to sign and date the form. Forms are considered incomplete if not signed and dated.**
5. **Email completed Provider Change Form and current, signed and dated W-9 to providernetwork@hap.org. Be sure to put "Provider Change Form" in subject line. Incomplete forms and incomplete W-9's may be returned.**

IMPORTANT!

Be sure your data in the National Plan & Provider Enumeration System (NPPES) is accurate! To verify your information, log in at the [NPPES website](#). When reviewing, pay close attention to:

- Provider name
- Mailing address
- Telephone and fax numbers
- Specialty
- Taxonomy
- Practice locations no longer use

Section 1
Must be completed by all providers – all fields required

PROVIDER INFORMATION		
Provider full name:		Degree:
Practice name (if applicable):		
NPI Type 1 (individual):	NPI Type 2 (group):	Tax ID:
Network (physician hospital organization): (if applicable)		
Specialty/Service:		

CONTACT INFORMATION (PERSON SUBMITTING FORM)	
First & last name:	
Title:	
Contact phone:	Contact fax:
Contact email:	

Section 2
Billing (Pay To) Address Change

Update billing (pay to) address for Tax ID (TIN):	
Street:	
City, ST, zip:	
Phone:	Fax:
Email:	
Effective date of change:	
Note: Only one pay to address per Tax ID allowed. Be sure to submit current W-9. It must be signed and dated.	

Section 3
Tax ID (TIN) Changes

Delete TIN(s):	
Add TIN(s):	
Be sure to submit a current W-9 for each TIN being added. It must be signed and dated.	

Section 4 Office Address Changes

CURRENT	CHANGE REQUESTED
<p>TIN: Street: City, ST, Zip: Phone: Fax: Email: Is this your primary address? Yes No</p>	<p>Delete address Update address to: TIN: Street: City, ST, Zip: Phone: Fax: Email: Website: Telehealth services offered? Yes No Hours: M: T: W: Th: F: S: S: Effective date of change:</p>
<p>TIN: Street: City, ST, Zip: Phone: Fax: Email: Is this your primary address? Yes No</p>	<p>Delete address Update address to: TIN: Street: City, ST, Zip: Phone: Fax: Email: Website: Telehealth services offered? Yes No Hours: M: T: W: Th: F: S: S: Effective date of change:</p>

Note: To add new office locations or to make changes to other existing addresses, complete section 8.

Section 5 Practice Information

PATIENT ACCEPTING STATUS	
<p>Close panel to new patients Effective date: Open panel to new patients Effective date: Comments:</p>	
PROVIDER TYPE OR SPECIALTY CHANGE/ADDITION	
<p>PCP changing to Specialist Specialist changing to PCP Specialty change From: To: Adding specialty:</p>	
<p>Note: Credentialing may be required for any of these changes.</p>	

Section 6 Leaving HAP & HAP Empowered

Reason for leaving:

Deceased Moving out of state Retiring Leave of absence (dates):

Effective date of change:

If PCP, move membership to:

Physician name:

NPI:

Note: Depending on your contract arrangement, membership may be assigned to another PCP in your physician organization. Members can only be assigned to one PCP. You cannot divide among physicians.

Section 7 Physician Transferring Networks

PRIMARY CARE PHYSICIAN TRANSFERRING NETWORKS

Note: If you are part of a physician organization/physician hospital organization, do not send form directly to HAP. The PO/PHO group medical director or their designee must complete this form.

Current PHO/PO/ACO:

Move to PHO/PO/ACO:

Unknown PHO/PO/ACO

Membership transferring to new physician?

Yes, transfer to (physician name):

NPI:

No, move with current PCP to new PHO/PO/ACO

Effective date:

SPECIALIST UPDATES TO NETWORKS

Remove from:

Add to:

Unknown

Section 8 Change in Ownership

CURRENT	UPDATE REQUESTED
Current provider name:	New provider name:
Current DBA name:	New DBA name:
NPI Type 1:	NPI Type 1:
NPI Type 2:	NPI Type 2:
Current TIN:	New TIN:
Current facility/office address:	New facility/office address:
Current billing address:	New billing address:

Section 9 – Extra Page

For adding new office locations or making changes to other existing addresses

Additional office locations.

TIN: Street: City, ST, Zip: Phone: _____ Fax: _____ Email: Website: Telehealth services offered? Yes No Hours: M: T: W: Th: F: S: S: Effective date of addition:	TIN: Street: City, ST, Zip: Phone: _____ Fax: _____ Email: Website: Telehealth services offered? Yes No Hours: M: T: W: Th: F: S: S: Effective date of addition:
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Changes to existing locations.

OFFICE ADDRESS INFORMATION	
CURRENT	CHANGE REQUESTED
TIN: Street: City, ST, Zip: Phone: _____ Fax: _____ Email: Is this your primary address? Yes No	Delete address Update address to: TIN: Street: City, ST, Zip: Phone: _____ Fax: _____ Email: Website: Telehealth services offered? Yes No Hours: M: T: W: Th: F: S: S: Effective date of change:
TIN: Street: City, ST, Zip: Phone: _____ Fax: _____ Email: Is this your primary address? Yes No	Delete address Update address to: TIN: Street: City, ST, Zip: Phone: _____ Fax: _____ Email: Website: Telehealth services offered? Yes No Hours: M: T: W: Th: F: S: S: Effective date of change:

Section 10
Other Information

Use this page for any other information related to demographic updates, terminations, or transfers.