



## 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 this form directly to HAP. All changes must be submitted by 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 the type of change you are submitting. Then refer to sections that need to be completed.

X	For	Complete Sections
	Billing (pay to) address change (only one pay to address per Tax ID allowed)	1, 2
	Leaving HAP and/or HAP CareSource	1, 6
	Office address updates – (adding, changing, deleting locations)	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, 9

3. All changes require a 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 (if applicable) to [providernetwork@hap.org](mailto:providernetwork@hap.org). Be sure to put “Provider Change Form” in the 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:	
<b>Note: Only one pay to address per Tax ID allowed. Be sure to submit current W-9. It must be signed and dated.</b>	

**Section 3**  
**Tax ID (TIN) Changes**

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



## Section 5 Practice Information

### PATIENT ACCEPTING STATUS

Close panel to new patients      Effective date:  
Open panel to new patients      Effective date:  
Comments:

### PROVIDER TYPE OR SPECIALTY CHANGE/ADDITION

PCP changing to Specialist      Specialist changing to PCP  
Specialty change      From:      To:  
Adding specialty:

Note: Credentialing may be required for any of these changes.

## Section 6 Leaving HAP & HAP CareSource

### 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 the 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**

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

## Section 9

### Other Information

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