

<<Date>>

Requestor:

Requestor's Correspondence Address:

Requestor's Phone #:

Email:

Tax ID#:

Effective date of change(s):

Reason for the request:

PLEASE DELETE SECTIONS NOT NEEDED BEFORE SUBMITTING

Address change (Specify if practice location or billing address is changing)

- Specify if adding or deleting address
- Include **old** and **new** demographic information when sending request (Street Address, City, State, Zip, Phone, Fax, **Tax ID** and **NPI**)
- Billing/Payment Address/Tax ID/NPI
- Management Correspondence Address (include Phone & Fax Number)

Adding a new practice location

The following details must be included in your request:

- Address with City, State, and Zip Code
- Phone and Fax
- Tax ID
- Group NPI
- Billing/Payment Address
 - Must have Billing NPI- or list if it is the same as the group NPI
- Credentialing application for the following specialties is required:
 - Acute Care Hospital
 - Behavioral Health Care Facility - Ambulatory, Inpatient, Residential Treatment for BH and Substance Abuse, Applied Behavioral Analyst (ABA), Methadone Maintenance Program, Chemical Dependency Program
 - Clinical Laboratory
 - Community Health Center/ Community Service Boards
 - Rural Health Clinic
 - Federal Qualified Health Center
 - Comprehensive Outpatient Rehabilitation Facility
 - Dialysis Center- End Stage Renal Disease Providers
 - Durable Medical Equipment
 - Free-Standing ASC
 - Home Health/Home Visiting Agency
 - Hospice
 - Long-Term Services or Support (LTSS)
 - Physical Therapy & Speech Pathology Facility
 - Portable X-Ray Supplier
 - Skilled Nursing Facility
 - Sleep Study Center
 - Urgent Care Facility

Adding a provider to or deleting a provider from an existing group

- Specify if adding or deleting provider
- Include the information listed below if adding or deleting a provider:
 - First Name, Middle Initial, and Last Name
 - Gender
 - Title (*MD, CRP, CRNP, PA etc.*)
 - Date of Birth
 - NPI #
 - CAQH #
 - UPIN or SSN
 - Medicare #
 - Medicaid Participation State(s)
 - Medicaid #
 - Practicing Specialty
 - **Practicing Location(s) (*include phone & fax numbers*)**
 - Indicate the primary practice location
 - Indicate whether the practicing location is hospital-based or office-based
 - Billing/Payment Address (*include W-9*)
 - Management Correspondence Address (*include phone & fax number*)
 - Hospital Privileges
 - Foreign Languages
 - Effective Date
 - Provider Panel Status: Open or Closed

****A copy of provider licenses in all practicing states is required****

Changing the Tax Identification Number and/or the name of an existing group

- Include **old** and **new** Tax ID Number and/or group name
- Include effective date of the new Tax ID Number and/or group name
- Include NPI Number
- Include a signed and dated copy of the new W-9
- Billing/Payment Address
- Management Correspondence Address (include phone & fax number)

****Email the request to the Provider Demographics Department at Provider.Demographics@kp.org or fax to 855-414-2623.**