KAISER PERMANENTE®

Kaiser Permanente Southern California
Contractor Demographic Updates

1. Instructions

The purpose of this form is for Kaiser Permanente's (KP's) contracted providers to notify KP of changes related to your demographic information. Please use this form to confirm accuracy of current demographic data, or to report changes to the following types:

- **Contract Administration:**
  - Facility name
  - Business address – location(s) where members receive care from you
  - Business phone/email
  - Facility NPI
  - Facility CA license(s)

Please visit the Institutional Provider page on the ***KP Southern California Community Provider Portal*** https://healthy.kaiserpermanente.org/southern-california/community-providers/provider-info#institutional-services-providers to print out additional copies of this form.

This form should be legibly written in **CAPITAL LETTERS** in blue or black ink **or** typed.

Submit the completed form to ND&A:
Email: NDAND-providerrelations@kp.org

Note: After receipt of a completed form, we may need to contact you for additional information. Please make sure to indicate an appropriate contact in **Section 3**.

2. Provider Information (REQUIRED)

Facility Name:
Facility Address:
Business Phone/Email:
Facility NPI:
Facility CA License(s):
☐ **Check this box if any information above is new**

3. Contact Information (REQUIRED) **Indicate a person whom we may contact for questions or additional information related to this form.**	
Name:	
Job Title:	
Telephone:	Primary Email:
Secondary Email:	

Please fill out applicable address updates you are requesting

4. Contract Administration **Indicate where you would like legal contract notices sent.**	
Contract Administration Street Address:	Contract Administration STE, BLDG, FLR, etc. (if applicable):
Contract Administration City, State, Zip:	
Telephone:	Fax:
Email:	

5. **Places of Service** **Indicate any changes to where you will render services to our members. Information may be used in communications with our members.**	
Is your current location(s) closing?	
□ Yes, current location(s) is closing. Address of closing location:	Effective date of closure:
□ No, adding site of service.	

Place of Service # 1	
Place of Service Name:	
Place of Service NPI, if applicable/different from NPI in Section 2:	Effective date of new site:
Place of Service Street Address:	Place of Service STE, BLDG, FLR, etc. (if applicable):
Place of Service City, State, Zip:	
Place of Service Telephone:	Place of Service Fax:

If you need to indicate additional places of service and referral notification information, please make copies of this page, or provide a separate list with the above information.

6. **Comments**
Indicate other information you may need us to know about the changes you are submitting or share information about upcoming changes to your demographic information on page 1 of this form.