



**Kaiser Permanente Southern California
Contracted Physician and Allied Health Professional
Address/Phone/Fax/Email Change Form**

1. Instructions

The purpose of this form is for Kaiser Permanente's (KP's) professional services contracted providers to notify KP of address updates. Please use this form to report changes to the following address types:

- **Contract Administration:** Where you want to receive your legal contract notices
- **Payment/Pay-To:** Where you want to receive payment (paper checks)
- **Referral Notification:** Where you want to receive referral paperwork from our referrals department
- **Place of Service:** Location(s) where our members will receive care from you

Do not use this form to report changes to your contract name, tax identification number (TIN), or roster. Please visit the Professional Services Providers page on the [KP Southern California Community Provider Portal \(http://www.providers.kaiserpermanente.org/scal/\)](http://www.providers.kaiserpermanente.org/scal/) for more information.

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

Submit the completed form to Provider Data Services via email, fax, or mail.

Email: kp-scal-provider-data@kp.org
Fax: (877) 545-0342
Mail: Kaiser Permanente
 ATTN: Provider Data Services
 393 E Walnut St, Flr 5NE
 Pasadena, CA 91188

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)

Contract Name:

Contracted Taxpayer Identification Number (TIN):

TIN Type (select one) and National Provider Identifier (NPI) used for contract:

Employer Identification Number (EIN) → Type 2 Organization NPI:

Social Security Number (SSN) → Type 1 Individual NPI:

3. Contact Information (REQUIRED)

Indicate a person whom we may contact for questions or additional information related to this form.

Name

Job Title

Telephone:

Fax:

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. Payment/Pay-To (Must attach a copy of updated W9 for request to be processed)	
Indicate where you would like paper checks sent.	
Pay-To Street Address:	Pay-To STE, BLDG, FLR, etc. (if applicable):
Pay-To City, State, Zip:	

6. Referral Notification	
Indicate where you would like referral paperwork to be sent. Information will be used to communicate with you.	
Referral Notification Street Address:	Referral Notification STE, BLDG, FLR, etc. (if applicable):
Referral Notification City, State, Zip:	
Referral Notification Telephone:	Referral Notification Fax:
Referral Notification Email:	

7. Places of Service (Commercial, non-residential addresses only)
Indicate 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:

Place of Service #2	
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:

Note: 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.

8. Comments

Indicate other information you may need us to know about the changes you are submitting.

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