



PROVIDER NOTIFICATION FORM

Send forms to: Fax: 260-969-2421 or email: providerservices@phpni.com

Mail to: Attn: Provider Services | 1700 Magnavox Way, Suite 201, Fort Wayne, IN 46804 | Phone: 260-432-6690 | Toll-free: 800-982-6257

SECTION I – Required to complete notification

| | | | |
|------------------------|--|----------------|--|
| Contact Person: | | Title: | |
| Practice Name: | | E-Mail: | |
| Telephone: | | Fax: | |

SECTION II – PROVIDER SERVICE LOCATION INFORMATION

This address must be a physical location. A post office box is not a valid service location address.

REQUESTED CHANGE: Add Service Location Change Current Location Close A Provider Location
 Name Change/Married Retired Deceased Leaving Group Leave of Absence

NEW ADDRESS

PREVIOUS ADDRESS

EFFECTIVE DATE OF CHANGE: _____

Accepting New Patients

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

NPI: _____

NPI: _____

Specialty: _____

Specialty: _____

Comments:

SECTION III – BILLING DEMOGRAPHIC INFORMATION

PLEASE SUBMIT W-9 FORM. This should reflect the information as it appears on your W-9 for tax reporting purposes.

REQUESTED CHANGE: Add Address Change Address Name Change TIN Change
EFFECTIVE DATE OF CHANGE: _____

NEW ADDRESS

PREVIOUS ADDRESS

Name: _____

Name: _____

DBA Name: _____

DBA Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Phone Number: _____

Tax ID: _____ NPI: _____

Tax ID: _____ NPI: _____

PHP USE ONLY

Contract Demographics

Date Completed: _____
 LTR EDUC ATTH

Add Provider To: New Contract
 FWPG PG H.S.A.
 IND PHO LOU
 HMO SF SELECT
 OTHER _____

Provider Change Form:

Directory
 CHANGE NAME
 ADD Pay-To
 CHANGE Pay-To
 ADD Location(s)
 CHANGE Address _____

Input Stamp

In-Credentialing
 Approved

Audit Stamp

In-Credentialing
 Approved