UNIFORM PRACTITIONER CHANGE FORM - Revised January 2020

Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists. Not Subject to Credentialing: ER Physician, Hospitalist Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT; OT; SLP), Audiologist – *check with entity if unsure.*
**If "NO", practitioner will not be included in the directory.*

Demographic Verification and Authorization

Completed and authorized on behalf of the practitioner by:

Name/Title: _____ Date: _____

Organization Name: _____

Phone #: _____ FAX #: _____ E-Mail: _____

Practitioner Demographic Information for this Request

*******As shown on your state License*******

Last: _____ First: _____ MI: _____ SSN: _____

Title: ☐ MD ☐ DO ☐ MBBS ☐ Other Title: _____ DOB: _____

☐ DC ☐ DPM ☐ DDS ☐ Female ☐ Male

DEA: _____ State: _____ Type I NPI: _____ License Number: _____ State: _____

Languages spoken fluently to treat patients: _____

ADD/REMOVE Practitioner

Practicing as: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Moonlighting Resident ☐ Hospitalist

☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify) _____

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

Effective Date:	Practicing Specialty at this Site:	Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐	**Remove Reason:**

ADD/REMOVE Practitioner

Practicing as: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Moonlighting Resident ☐ Hospitalist

☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify) _____

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ Yes ☐ No	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

Effective Date:	Practicing Specialty at this Site:	Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐	**Remove Reason:**

CHANGE Practitioner Demographic Data

Effective Date of Change:

Old:			**New:**		
Last Name:			Last Name:		
First Name:	MI:		First Name:	MI:	
Specialty:			Specialty:		
License #:	State:		License #:	State:	
DEA #:			DEA #:		

THE FOLLOWING SITE LOCATION ADDENDUM FORM IS USED IN CONJUNCTION WITH THE UNIFORM PRACTITIONER CHANGE FORM WHEN ADDING OR REMOVING PRACTITIONERS FROM MORE THAN TWO SITES. THIS FORM WILL ONLY BE ACCEPTED WHEN IT IS ACCOMPANIED BY A COMPLETED UNIFORM PRACTITIONER CHANGE FORM.

SITE LOCATION ADDENDUM
(Please make as many extra copies as necessary)

ADDITIONAL LOCATION(s) FOR:

Last: _____ First: _____ MI: _____ NPI: _____

ADD/REMOVE Practitioner

Practicing as: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Moonlighting Resident ☐ Hospitalist ☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify) _____

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

Effective Date:	Practicing Specialty at this Site:	Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐	**Remove Reason:**

ADD/Remove Practitioner

Practicing as: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Moonlighting Resident ☐ Hospitalist ☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify) _____

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

Effective Date:	Practicing Specialty at this Site:	Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐	**Remove Reason:**

ADD/REMOVE Practitioner

Practicing as: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Moonlighting Resident ☐ Hospitalist ☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify) _____

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

Effective Date:	Practicing Specialty at this Site:	Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐	**Remove Reason:**

ADD/REMOVE Practitioner

Practicing as: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Moonlighting Resident ☐ Hospitalist ☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify) _____

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

Effective Date:	Practicing Specialty at this Site:	Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐	**Remove Reason:**

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

☐ **Check here if you have additional Site Location Addendum forms attached.**