

## Provider Change of Data Form

Please use this form to indicate changes in your data. Complete applicable sections only. Please mail or fax (501-378-2465) the completed form with supporting documents to: Provider Enrollment, PO Box 2181, Little Rock, AR 72203. If payment to a clinic or group is required, please complete an **Authorization for Clinic Billing** form. Practitioners wishing to use an Employer Identification Number (EIN) for payment must submit verification of EIN (Letter 147C, CP 575 E, or tax coupon 8109-C). Please type or print.

Name \_\_\_\_\_ NPI \_\_\_\_\_  
(First, MI, Last) (Attach copy of NPI verification from NPPES)

Doing Business As \_\_\_\_\_

Change Effective Date \_\_\_\_\_ Medical Records Fax # \_\_\_\_\_

Specialty \_\_\_\_\_ Secondary Specialty \_\_\_\_\_

Primary Language \_\_\_\_\_ Secondary Languages \_\_\_\_\_

AR License/Certification # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Attach copy of license)

Other License/Certification # \_\_\_\_\_ ST \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Attach copy)

DEA # \_\_\_\_\_ ST \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Attach copy of certificate)

Email Address \_\_\_\_\_

Primary Credentialing Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Patient Restrictions- Open for all Patients \_\_\_\_\_ Current Patients Only \_\_\_\_\_ Patients 16 Years and Older \_\_\_\_\_

Patients Under 18 Years \_\_\_\_\_ No New Patients and Do Not Want To Be Listed in the Provider Directory \_\_\_\_\_

### **PRIMARY PRACTICE LOCATION** - Must have a street address

Practice Location Address \_\_\_\_\_  
\_\_\_\_\_

Phone # to be used for Patient Appointments \_\_\_\_\_ Fax # \_\_\_\_\_

#### Office hours at this location-

Open/Close	Open/Close	Open/Close	Open/Close	Open/Close	Open/Close	Open/Close
Mon. _____	Tues. _____	Wed. _____	Thurs. _____	Fri. _____	Sat. _____	Sun. _____

### **CORRESPONDENCE INFORMATION** - For notifications, newsletters, credentialing updates, etc.

Correspondence Address \_\_\_\_\_  
\_\_\_\_\_

Correspondence Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**PAYMENT INFORMATION** - If payment to a clinic or group is required, please complete the *Authorization for Clinic Billing* form and do not complete payment information. Payment EIN or SS# \_\_\_\_\_  
(Attach IRS verification of EIN)

Payment Name \_\_\_\_\_

Payment Address \_\_\_\_\_  
\_\_\_\_\_

Payment Phone # \_\_\_\_\_ Payment Fax # \_\_\_\_\_

Print Name of Individual Practitioner \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Individual Practitioner- NO STAMPS OR DIGITAL SIGNATURES)

**ADDITIONAL LOCATIONS\***

❖ Location Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office hours at this location-

Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close  
Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

❖ Location Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office hours at this location-

Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close  
Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

❖ Location Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office hours at this location-

Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close  
Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

❖ Location Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office hours at this location-

Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close  
Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

❖ Location Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office hours at this location-

Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close    Open/Close  
Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

\*This page may be copied for additional location