Medical Provider Change Form

Keystone First
Community HealthChoices

Current practice information

Group practice name/Individual name: _____
(please circle one ↑)

Group practice ID/Individual ID: Keystone First CHC ID _____ NPI _____ PPID _____
(please circle one ↑)

_____ _____ _____ _____
Contact person's name (please print clearly) Phone Fax Email address

_____ _____ _____
Authorizing signature (physician/office manager) Today's date Effective date of change
Change will not be completed without signature.

Provider change information

Please provide complete information. This request will be processed for Keystone First Community HealthChoices (CHC). If any of these changes result in a change on your IRS Form W-9, you must submit a copy of your W-9 with this change form. **Please note:** Practitioners must complete plan credentialing before they will be added to your practice as participating providers. Refer to the Keystone First CHC website for credentialing requirements: **www.keystonefirstchc.com/providers/credentialing/credentialing.aspx**.

Type of change: (please check all that apply)

- ☐ Adding a practice
- ☐ Joining a practice
- ☐ Phone change
- ☐ Adding an office location
- ☐ Changing an office location
- ☐ Other (attach documentation)
- ☐ Fax change
- ☐ Name change only

Previous office information

Keystone First CHC Group Provider ID NPI

Name

Street address

City State ZIP

New office information

Keystone First CHC Provider ID NPI

Name

Street address

City State ZIP

Add practitioners (New practitioners must complete Keystone First CHC credentialing before they are added as participating providers.)

1. _____ _____
Last First M.I. Degree NPI PPID

2. _____ _____
Last First M.I. Degree NPI PPID

Terminate practitioners (Please give Keystone First CHC 60 days' advance notice when a practitioner is leaving the group.)

1. _____ _____
Last First M.I. Degree NPI PPID

2. _____ _____
Last First M.I. Degree NPI PPID

Billing location change ☐

Street address 1 Phone Fax Email address

Street address 2 Federal tax ID (change in federal ID requires new W-9)

City State ZIP

Change of ownership ☐

Legal business name of new owner and federal tax ID (requires new W-9) Effective date of ownership

Please mail or fax this change form and supporting documents to:
Keystone First CHC, Provider Network Management, 200 Stevens Drive, Philadelphia, PA 19113. Fax: 1-215-937-5343