



DEMOGRAPHIC/PRACTICE INFORMATION UPDATE FORM

Physician/Provider Name:	Provider NPI:	Current TIN:
Practice Name:	Practice NPI:	

Please make the following changes to our demographic/practice information:

- The new TIN number is** *(a copy of the W9 is required)* New TIN is effective: _____
- We have moved** New address is effective: _____
 Closed: _____ New: _____

 Phone: _____ Fax: _____
- We have an additional location** New location is effective: _____
 New: _____ Billing address: _____

 Phone: _____ Fax: _____
- We have changed our billing address** New billing address is effective: _____
 Closed: _____ New: _____

 Phone: _____ Fax: _____
- We have changed our Practice Name** New Practice Name is effective: _____
 Old Practice Name: _____ New Practice Name: _____
- We have added the following physician to our Group Practice** Effective: _____

 New Physician/Provider Name
- ❖ *Please send us a SPHN Initial Information Request Form to begin credentialing process.*
- The following physician/provider has left our practice** Effective: _____

 Physician/Provider Name
- Physician/Provider no longer accepting new patients** Effective: _____

 Physician/Provider Name
- Physician/Provider accepting new patients** Effective: _____

 Physician/Provider Name
- We are closing our practice to new patients** Effective: _____
- We are reopening our practice to new patients** Effective: _____

Please Print (or type) Name and Contact number of Individual Completing this Form:

_____ Phone: _____

Signature

DOCUMENT3

Please fax or mail to: 2900 Hannah Blvd, Ste 204, East Lansing, MI 48823 ♦ Phone: 517-364-8150 ♦ Fax: 517-364-8151