HEALTH PLUS
UNITYPOINT HEALTH - PROCTOR

Provider Name Change Form

If you are currently participating in Health Plus and have changed you name, please complete the following and fax to Health Plus Provider Relations at (309) 689-8601.

Provider Previous Name: _____

Provider New Name: _____

Effective Date of Change: _____

Reason for Name Change: _____

_____

_____

You must also attach:

- ☐ Updated State of Illinois License
- ☐ Updated Certificate of Liability