



Complete this form to update PCHP network provider information.
Email to PCHPProviderInfoUpdate@phhs.org

Action (Please check one or more as appropriate)				Effective Date:								
Change Address / Phone (Billing / Mailing / Remit) *Attach W9*				Provider Directory Changes								
Change Address / Phone (Physical Service Location)				Term Provider								
Add Address / Phone (Physical Service Location)				Remove Provider from Service Location								
Other (please explain):												
Tax ID Add/Change? Email PCHP.ContractingDepartment@phhs.org . Add Provider to existing contract or to join PCHP? Complete the Prospective Provider Form and email to PCHP.ContractingDepartment@phhs.org .												
Provider Information												
Last Name		First Name		MI	Degree							
Provider NPI #	DOB	Email		Provider Specialty		Practice as PCP Specialist						
License #	Tax ID #	Medicaid / TPI #	Hospital Affiliations		Board Certification(s) Name and Expiration Date(s)							
Action	Add	Change	Term	Physical Service Location			Primary	Secondary				
Service Location Name		Service Location Website		Service Location Email								
Street Address												
City		State	Zip Code	County								
Phone		Fax		Handicap Accessible YES NO		Show Location in Directory YES NO						
Billing / Mailing / Remit Information – Same as Physical Address/Primary Location?							Yes					
Billing Name Information						Group TIN						
Street Address						Group NPI #						
City		State	Zip Code	County		Medicaid / TPI #						
Phone		Fax		Billing Email								
Provider Term												
Term Reason				Assign Members to New Provider: Name								
Name of New Service Location for Members				Assign Members to New Provider: NPI								
Provider Directory												
Gender Restrictions		Language		Appear In Directory YES NO		Accepting New Members YES NO						
Age Range		Telemedicine YES NO		Office Hours for Service Location Above:		Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Additional Comments												
Requestor Name			Date			Phone			Email			



Provider Action Form: Additional Service Locations

Must be submitted with a completed [Provider Action Form](#)

Action	Add	Change	Term	Additional Service Location				Show in Provider Directory?	Yes	No
Service Location Name			Service Location Website				Service Location Email			
Street Address				State		Zip Code		County		
Handicap Accessible YES NO		Phone				Fax				
Office Hours for Location Above:			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

Action	Add	Change	Term	Additional Service Location				Show in Provider Directory?	Yes	No
Service Location Name			Service Location Website				Service Location Email			
Street Address				State		Zip Code		County		
Handicap Accessible YES NO		Phone				Fax				
Office Hours for Location Above:			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

Action	Add	Change	Term	Additional Service Location				Show in Provider Directory?	Yes	No
Service Location Name			Service Location Website				Service Location Email			
Street Address				State		Zip Code		County		
Handicap Accessible YES NO		Phone				Fax				
Office Hours for Location Above:			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

Action	Add	Change	Term	Additional Service Location				Show in Provider Directory?	Yes	No
Service Location Name			Service Location Website				Service Location Email			
Street Address				State		Zip Code		County		
Handicap Accessible YES NO		Phone				Fax				
Office Hours for Location Above:			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

Action	Add	Change	Term	Additional Service Location				Show in Provider Directory?	Yes	No
Service Location Name			Service Location Website				Service Location Email			
Street Address				State		Zip Code		County		
Handicap Accessible YES NO		Phone				Fax				
Office Hours for Location Above:			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	