

Provider Update / Change Form

This form should be used when changing a practitioner, location, phone or fax number, billing or email address, and office hours. Please email or mail to CCHP.

Email to cchp-providerupdates@chw.org

Mail to: CCHP Provider Relations P.O. Box 1997, MS 6280 Milwaukee, WI 53201-1997

Changes in a tax ID number or Group name requires you to submit a W-9 form or IRS letter (SS4 or 147C). Please email those changes to: cchp-contracting@chw.org. (File size may not exceed 4 MB when being emailed. File types accepted include: .doc; .docx; .rtf; .xls; .pdf)/

Effective date of change:

Type of update:

Group

Practitioner

Type of changes:

Practitioner's Name Add Practice Location Term Practice Location Billing Other

SECTION 1: Old Information

(Note: Changes for practitioners an	d / or providers th	rough a group mu	ıst be submitted b	y the group.)					
Name of Practitioner / Group (Incl	ude Legal Name I	Doing Business as)	:						
	T =								
Federal Tax ID Number:	Group NPI:		Individual NPI:						
PRACTICE LOCATION									
Street Address:		City:	State:	Zip:					
Phone Number:		Fax Number:							
BILLING ADDRESS									
Street Address:		City:	State:	Zip:					
Phone Number:		Fax Number:							



SECT	TION 2: New Information						
	PRACTICE LOCATION	T	T	T =•			
	Street Address:	City:	State:	Zip:			
	Phone Number:	Fax Numbe	Fax Number:				
	BILLING ADDRESS						
	Street Address:	City:	State:	Zip:			
		, ,					
	Phone Number:	Fax Numbe	r:				
SECT	IION 3: Hours of Operation						
=							
	List all days and hours your practice is open. (Ex	rample: M 84M - 5F	ρλλ · W/ QΔ λλ_5Ρλλ\				
	List all days and noors your practice is open. (Ex	MITIPIO. IN OAM - JI	141 , ** //(141-01 141)				
:							
SECT	TION 4: Person Completing Form						
	Name of Orgnization You Represent:	Title:					
	Street Address:	City:	State:	Zip:			
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	Phone Number:	Email Addre	ess:				
	L						
SECT	TION 5: Roster of Practitioners / Providers	Practing with G	roup (Attach S	eparate Roster	Sheet)		
020			roop (/maon o		<u> </u>		
	Comments:						
- 1							