

Provider Add/Change Form

Please print clearly.



CURRENT PRACTICE INFORMATION

☐ Group practice ☐ Individual

Name

☐ Group practice ID ☐ Individual ID

First Choice Next ID

NPI number

Contact person name

Phone

Fax

Email

Authorizing signature (physician/office manager). Change will not be completed without signature.

Today's date

Effective date of change

PROVIDER CHANGE INFORMATION

Provide complete information. This request will be processed for First Choice Next. If any of these changes result in a change on your W-9, you must submit a copy of your W-9 with this form. **Please note:** Providers must complete First Choice Next credentialing before they will be added to your practice as participating providers. Refer to the First Choice Next website for credentialing requirements:

www.firstchoicenext.com.

Type of change (check all that apply):

☐ Adding a practice

☐ Joining a practice

☐ Phone number change

☐ Other

☐ Adding an office location

☐ Changing an office location

☐ Open/closed panel

(attach documentation)

☐ Fax change

☐ Name change only

☐ New or changing federal tax ID

PROVIDER GROUP INFORMATION

CURRENT OFFICE INFORMATION

First Choice Next group provider ID

NPI

Name

Street address

City

State

ZIP

NEW OFFICE INFORMATION, IF APPLICABLE

First Choice Next group provider ID

NPI

Name

Street address

City

State

ZIP

INDIVIDUAL PROVIDER INFORMATION

ADD PROVIDERS (New providers must complete First Choice Next credentialing before they will be added as participating providers. Forms are available at www.firstchoicenext.com.)

1. _____
Last First M.I. Degree

NPI MAID CAQH number

2. _____
Last First M.I. Degree

NPI MAID CAQH number

TERMINATE PROVIDERS (Please give First Choice Next 60 days of advance notice when a provider is leaving the group.)

1. _____
Last First M.I. Degree

Degree NPI

2. _____
Last First M.I. Degree

Degree NPI

BILLING LOCATION UPDATE

Street address 1

Phone

Fax

Email

Street address 2

Federal tax ID

Street address 3

(Note: A change in federal ID requires a new W-9 and a copy of the SS4 approval letter from the IRS.)

City

State

ZIP

CHANGE OF OWNERSHIP

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

Effective date of ownership

Note: Terms of acquisition or purchase must be attached for processing.