



PROVIDER MAINTENANCE REQUEST FORM
FOR PCP, OB/GYN, PCP MID-LEVELS & OB/GYN MID-LEVELS

PROVIDER INFORMATION

PROVIDER NAME: _____
NPI: _____ DATE OF SUBMISSION: _____

EFFECTIVE DATE OF CHANGES:

NOTE: All Providers contracted with an IPA must notify the IPA of all changes according to contractual and policy requirements. IPAs remain responsible for providing timely notification (i.e., 60-day advanced notification for Providers with Members assigned) to IEHP of any Provider changes.

Maintenance Request (Check all that apply):

<input type="checkbox"/>	ADDRESS (adding/termining a location or relocation)	<input type="checkbox"/>	TIN CHANGE
<input type="checkbox"/>	PROVIDER CHANGE (adding or terming a provider)	<input type="checkbox"/>	PHONE, FAX, OR OFFICE HOURS
<input type="checkbox"/>	AFFILIATION CHANGE (adding/termining an affiliation)	<input type="checkbox"/>	CHANGE TO NON-PARTICIPATING PROVIDER (no Member Assignment)
<input type="checkbox"/>	AGE LIMIT CHANGE	<input type="checkbox"/>	OTHER:

Maintenance Request Applies to the following:

Provider Type PCP OB/GYN PCP Mid-Levels OB/GYN Mid-Levels:

PLEASE SEE THE BELOW CHECKLISTS AND INCLUDE REQUIRED DOCUMENTATION FOR EACH APPLICABLE MAINTENANCE REQUEST.

- PCP, OB/GYN, PCP Mid-Levels, and OB/GYN Mid-Levels:**
- For W-9 changes, an updated W-9 form is required.
 - For any IPA Changes, please attach new contract signature page and updated W-9 form.
 - For Mid-Levels:
 - Malpractice Insurance
 - Nurse Practitioner Standard Procedures
 - Physician Assistant Delegation of Services Agreement (DSA)
 - Statement of Agreement

Location(s) to be added and/or relocating to address (**please include Clinic Name**):

Location(s) to be termed:

New Age Limit: _____
 Old TIN: _____
 New TIN: _____

New Phone: _____
 New Fax: _____
 New Hours: _____

