

# Current or Existing Provider Information Change Form

If this is a credentialing request, please complete the 'Join Our Network' application at: [MediGold.com/For-Providers/Join-Our\\_Network](http://MediGold.com/For-Providers/Join-Our_Network). **All changes must be updated on your CAQH application.**

**Submit completed form via fax to: 1-614-234-8673. Please provide updated W-9 with Request.**

## Provider Practice Information

Date: \_\_\_\_\_

<b>Practice Contact Person</b>	<b>Phone Number</b>	<b>Fax Number</b>
<b>Email Address</b>	<b>Provider Name*</b>	<b>Provider NPI</b>
<b>Group Practice Name</b>	<b>Tax ID</b>	<b>Effective Date with Practice</b>

\*Name all providers who are affected by the changes on this form.

## Provider Changes

- Accepting new MediGold patients
  Closed to new MediGold patients as of: \_\_\_\_\_
- New Group/Practice Name: \_\_\_\_\_ Group NPI number \_\_\_\_\_
- New Tax ID number: \_\_\_\_\_ **(Attach updated W9)** Effective date: \_\_\_\_\_
- Delete Tax ID number: \_\_\_\_\_ Effective date: \_\_\_\_\_
- Add 2nd Tax ID number: \_\_\_\_\_ **(Attach updated W9)** Effective date: \_\_\_\_\_

## Location Changes

Note: All locations will be published on MediGold's Website/in MediGold's Provider Directory, unless otherwise indicated.

- Delete **ALL** previous addresses
- Delete only this address(es): \_\_\_\_\_

<b>Remit Address</b>		<b>Provider Directory</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Effective Date</b>	<b>Phone</b>	<b>Fax</b>

<b>1st Physical Address</b>		<b>Provider Directory</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Effective Date</b>	<b>Phone</b>	<b>Fax</b>

<b>2nd Physical Address</b>		<b>Provider Directory</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Effective Date</b>	<b>Phone</b>	<b>Fax</b>

If you have any questions, contact our Provider Service Center at **(614) 546-3138** or **800-991-9907**.

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