Trinity Health

Trinity Health St. Joseph Mercy Oakland
Medical Staff Services/Credentialing
44405 Woodward Avenue H-2 • Medical Staff Services • Pontiac, MI 48341

Effective Date of Change: _____

Provider Information Change Form

Office Contact Name: _____

Office Contact Phone: _____ Office Contact e-mail: _____

Primary Facility *(check all that apply):* ☐ TH Ann Arbor ☐ Chelsea ☐ TH Livingston ☐ TH Livonia ☐ TH Oakland

PROVIDER NAME:

First Name: _____ Middle Initial _____

Last Name: _____

Credentials: ☐ MD ☐ DO ☐ DDS ☐ DPM ☐ NP ☐ PA-C ☐ CNM ☐ CRNA

PERSONAL:

Personal Change? ☐ Yes ☐ No

Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Preferred e-mail: _____

OFFICE:

#1 ☐ Change ☐ Addition ☐ Remove

Practice Name: _____

☐ Primary ☐ Secondary ☐ Mailing ☐ Billing

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Office contact name and email if different from above: _____

#2 ☐ Change ☐ Addition ☐ Remove

Practice Name: _____

☐ Primary ☐ Secondary ☐ Mailing ☐ Billing

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Office contact name and email if different from above: _____

#3 ☐ Change ☐ Addition ☐ Remove

Practice Name: _____

☐ Primary ☐ Secondary ☐ Mailing ☐ Billing

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Office contact name and email if different from above: _____

DIRECT Email:** _____

A **DIRECT e-mail address uses a national encryption standard for the secure exchange of healthcare data via e-mail. This e-mail address **MUST** come from an **Accredited DirectTrust Health Information Service Provider (HISP).**

Please e-mail form to Medical Staff Services:
MedStaffServices@Trinity-Health.org
OR – Print and fax this form to: 248-858-6096