



CLINIC AND GROUP CHANGES FORM

Please complete the appropriate section of this form and email the completed form to:

PROVIDER.CHANGES@CHPW.ORG

Please note:

- Incomplete information may result in a delay to processing your claims.
- A referral is required for all services rendered prior to a provider's effective date. Effective date will be determined during the processing of the request.

Go GREEN! Please see our [Provider Manual for more information about electronic transactions](#),
or email EDI.Support@chpw.org

FACILITY, CLINIC, BILLING, AND TAX ID ADD/CHANGE/TERM FORM

Date submitted:

GROUP INFORMATION:

Legal name of group:	<input type="text"/>		
Check/clinic name:	<input type="text"/>		
TIN:	<input type="text"/>		
Medicare number:	<input type="text"/>	Medicaid number:	<input type="text"/>
Core Provider Agreement Y/N	<input type="text"/>	Core Agreement NPI:	<input type="text"/>
Non Billing Agreement Y/N	<input type="text"/>	Non Billing NPI:	<input type="text"/>

TYPE OF CHANGE (type "yes" next to any and all that apply):

Mailing Information:		Clinic Information:		Billing Information:	
<input type="checkbox"/>	Mailing	<input type="checkbox"/>	Phone/fax/address	<input type="checkbox"/>	Check name change
<input type="checkbox"/>	Credentialing	<input type="checkbox"/>	Name	<input type="checkbox"/>	NPI change
<input type="checkbox"/>		<input type="checkbox"/>	Open/close/relocation/move	<input type="checkbox"/>	Address change
<input type="checkbox"/>	Other	<input type="text"/>			
*TIN or ownership:		*All TIN and ownership changes require completing and returning a W-9 and an Ownership and Control form in addition to this form			
<input type="checkbox"/>	Tax ID change				
<input type="checkbox"/>	Ownership change				
<input type="checkbox"/>	Legal name change				
<input type="checkbox"/>	Other change	<input type="text"/>			

Please continue to the next page

OLD INFORMATION:

Effective date of the clinic CLOSE or change:

Clinic name:

Please type "yes" next to the applicable location below

Specialist site Primary care provider site Other

Street address: Suite/building:

City: State: ZIP code:

Phone: Fax:

TIN: Group NPI:

Check (Billing) name:

Billing address: Suite/building:

City: State: ZIP code:

Billing NPI: Phone: Fax:

FQHC number: FQHC effective date:

RHC number: RHC effective date:

NEW INFORMATION:

Effective date of the clinic OPEN or change:

Clinic name:

Clinic website:

Clinic email:

Please type "yes" next to the applicable location below:

Specialist site Primary care provider site Other

Physical accessibility of clinic: Please type "yes" next to the applicable options below :
(Definitions of accessibility available on page 3)

Parking Interior Building Exam Room
 Exterior Building Restroom Exam Table/Scale

Telemedicine availability, please type "yes" in the applicable boxes below:
 Audio-Video includes methods such as virtual clinics, Skype, Zoom.
 Audio includes methods such as telephone or audio-only apps.
 Chat includes methods such as text, instant messaging, text-only apps.

Telemedicine via Audio-Video Telemedicine via Audio Telemedicine via written Chat

Specialty of telemedicine available here:

Languages spoken by clinic staff:

Language assistance/translation services available:

Street address: Suite/building:

City: State: ZIP code:

Phone: Fax:

Office Hours: Mon Tues Wed Th Fri
 Sat Sun

TIN: Group NPI:

Check (Billing) name:

Billing address: Suite/building:

City: State: ZIP code:

Billing NPI: Phone: Fax:

FQHC number: FQHC effective date:

RHC number: RHC effective date:

Please continue to the next page

ADDITIONAL INFORMATION:			
Comments/other	If CORE Provider Agreement NPI or Non-Billing Agreement NPI has changed, note that here.		
Name of person completing this form:			
Phone:		Email:	

PLEASE ALSO ATTACH A LIST OF ALL AFFECTED PROVIDERS AND THEIR CORRESPONDING INDIVIDUAL NATIONAL PROVIDER IDENTIFICATION (NPI) NUMBERS

Criteria for physical accessibility of clinic	
Parking	Parking spaces, including van-accessible space(s), are accessible. Pathways are wide enough for wheelchair/scooter use, have curb ramps between the parking lot, office and at drop-off locations.
Exterior Building	Curb ramps and other ramps to the building are wide enough for a wheelchair or scooter user. Handrails are provided on both sides of the ramp. There is an “accessible” entrance to the building. Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use.
Interior Building	Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use. Interior ramps are wide enough and have handrails. Stairs, if present, have handrails. If there is an elevator, it is available for public/patient use at all times the building is open. The elevator has easy to hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or scooter user to turn around. If there is a platform lift, it can be used without help.
Restroom	The restroom is accessible and the doors are wide enough to accommodate a wheelchair or scooter and are easy to open. The restroom has enough room for a wheelchair or scooter to turn around and close the door. There are grab bars which allow easy transfer from wheelchair to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.
Exam Room	The entrance to the exam room is accessible, with a clear path. The doors open wide enough to accommodate a wheelchair or scooter and are easy to open. The exam room has enough room for a wheelchair or scooter to turn around.
Exam Table/Scale	The exam table moves up and down and the scale is accessible with handrails to assist people with wheelchairs and scooters. The weight scale is able to accommodate a wheelchair.



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Help CHPW reduce our paper footprint - Go GREEN and enroll in electronic Remittance Advice (RA) and Electronic Funds Transfer (EFT). Please see our Provider Manual, <https://www.chpw.org/provider-center/provider-manual/>, for more information about electronic transactions or email EDI.Support@chpw.org