PrimeWest HEALTH™

Facility Change/Update Form

Please include all clinic NPI numbers that the change applies to. If the information being changed pertains to more than one location, please complete a separate form for each location.

Please submit a W-9 with your new tax ID number and/or legal/DBA name changes with this completed form. When PrimeWest Health receives this information, we will send the appropriate contract paperwork (if necessary) to reflect the change. Signatures by both parties will be required before the contract is updated. If you have questions regarding this form, please call the Provider Contact Center at **1-866-431-0802** (toll free). **All changes or updates related to your clinic/facility must be submitted within 45 days prior to the effective date of change.**

Tax ID # _____ Effective date of change _____

Provider's change information

(Please check all that apply and write the information below.)

- ☐ Legal or DBA name
- ☐ NPI/UMPI #
- ☐ Tax ID #
- ☐ Address change (physical, billing, or mailing)
- ☐ Phone or fax #
- ☐ Other changes (describe)_____

Old information

Legal name _____

DBA name _____

NPI/UMPI # _____

Tax ID # _____

Physical address ☐ Unchanged

Address _____

City _____

State _____ Zip _____

Phone # _____

Fax # _____

Billing address ☐ Unchanged

Address _____

City _____

State _____ Zip _____

Phone # _____

Fax # _____

Mailing address ☐ Unchanged

Address _____

City _____

State _____ Zip _____

New information

Legal name _____

DBA name _____

NPI/UMPI # _____

Tax ID # _____

Physical address

Address _____

City _____

State _____ Zip _____

Phone # _____

Fax # _____

Billing address

Address _____

City _____

State _____ Zip _____

Phone # _____

Fax # _____

Mailing address

Address _____

City _____

State _____ Zip _____

Person completing form

Name _____ Title _____

Phone # _____ Fax # _____

Email address _____

Submit