RESENT FORM

PRINT FORM

SPARROW PHYSICIANS HEALTH NETWORK

DEMOGRAPHIC/PRACTICE INFORMATION UPDATE FORM

Physician/Provider Name:	Provider NPI:	Current TIN:
Practice Name:	Practice NPI:	

Please make the following changes to our demographic/practice information:

☐ **The new TIN number is** *(a copy of the W9 is required)* New TIN is effective: _____

☐ **We have moved** New address is effective: _____

Closed: _____ New: _____

_____ _____

_____ Phone: _____ Fax: _____

☐ **We have an additional location** New location is effective: _____

New: _____ Billing address: _____

_____ _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

☐ **We have changed our billing address** New billing address is effective: _____

Closed: _____ New: _____

_____ _____

_____ Phone: _____ Fax: _____

☐ **We have changed our Practice Name** New Practice Name is effective: _____

Old Practice Name: _____ New Practice Name: _____

☐ **We have added the following physician to our Group Practice** _____ Effective: _____

New Physician/Provider Name

❖ *Please send us a SPHN Initial Information Request Form to begin credentialing process.*

☐ **The following physician/provider has left our practice** Effective: _____

_____

Physician/Provider Name

☐ **Physician/Provider no longer accepting new patients** Effective: _____

_____

Physician/Provider Name

☐ **Physician/Provider accepting new patients** Effective: _____

_____

Physician/Provider Name

☐ **We are closing our practice to new patients** Effective: _____

☐ **We are reopening our practice to new patients** Effective: _____

Please Print (or type) Name and Contact number of Individual Completing this Form:

_____ Phone: _____

_____

Signature

DOCUMENT3

Please fax or mail to: 2900 Hannah Blvd, Ste 204, East Lansing, MI 48823 ◆ Phone: 517-364-8150 ◆ Fax: 517-364-8151