ASPIRUS UNIFORM PRACTITIONER CHANGE FORM – Revised December 2020

Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists Not Subject to Credentialing: ER Physician, Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT;OT; SLP), Audiologist – *check with entity if unsure*

Demographic Verification and Authorization

Completed and authorized on behalf of the practitioner by:

Name: _____

Clinic Name: _____

Phone #: _____ FAX #: _____ E-Mail: _____

Signature: _____ Title: _____ Date: _____

Practitioner Demographic Information for this Request

Last: _____ First: _____ MI: _____ SSN: _____

Title: ☐ MD ☐ DO ☐ DDS ☐ Other Title: _____ DOB: _____

☐ DC ☐ DPM ☐ Ph.D ☐ Female ☐ Male

DEA: _____ State: _____ Type I NPI: _____ Medicaid ID: _____ State: _____

License Number: _____ State: _____ Languages Spoken Fluently: _____

ADD/REMOVE Practitioner

☒ Clinic ☒ Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:		Directory Suppress? ☐ YES ☒ NO
Effective Date:	Practicing Specialty at this Site:		Primary Site? ☐ YES ☒ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐		**Remove Reason:**

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

ADD/REMOVE Practitioner

☐ Clinic ☐ Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:		Directory Suppress? ☐ YES ☒ NO
Effective Date:	Practicing Specialty at this Site:		Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐		**Remove Reason:**

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

ADD/REMOVE Practitioner

☐ Clinic ☐ Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:		Directory Suppress? ☐ YES ☒ NO
Effective Date:	Practicing Specialty at this Site:		Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐		**Remove Reason:**

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

CHANGE Practitioner Demographic Data

Old:		**New:**	
Last Name:		Last Name:	
First Name:	MI:	First Name:	MI:
Specialty:		Specialty:	
License #:	(Include State)	License #:	(Include State)
DEA #:		DEA #:	(Please attach copy of NEW DEA Certificate to this form)
Type I NPI #:		Type I NPI #:	

Effective Date of Change: