



Provider Information Change (PIC) Form

Form is to be completed for existing providers/practitioners only
Send completed form to: contracting@procareadvantageplan.com

PIC Form Submitted by: _____
Date of Submission: _____

PIC Form Approved By: _____
Approval Date: _____

Type of Change: (Check Appropriate Box)

- | | | |
|---|---|--|
| <input type="checkbox"/> Billing Address Update | <input type="checkbox"/> Payment Address Update | <input type="checkbox"/> Physical/Practice Update |
| <input type="checkbox"/> Change of Address/Phone/Fax# | <input type="checkbox"/> Add Address (New Location) | <input type="checkbox"/> Provider Termination (Requires leadership review) |
| <input type="checkbox"/> Remove/Terminate Address | <input type="checkbox"/> Contract/Group Termination | <input type="checkbox"/> Name Change/Change of Ownership |
| <input type="checkbox"/> Panel Status Change | | <input type="checkbox"/> Other _____ |

Identifying Information:

Group Legal Business Name: As reported to the IRS:

Effective Date of Change (cannot be retroactive):

Group Legal 'Doing Business As' (if applicable):

Group Tax ID Number:

Group NPI Number:

Provider/Practitioner NPI:

Provider/Practitioner Name:

Address/Phone/Fax Change/Email Change:

Change From/Remove Address Type:	<input type="checkbox"/> Primary	<input type="checkbox"/> Additional and/or Billing	Change To/Add Address Type:	<input type="checkbox"/> Primary	<input type="checkbox"/> Additional and/or billing
Street (Add P.O. Box Number if applicable for Billing Address):			Street (Add P.O. Box Number if applicable for Billing Address):		
City:			City:		
State:			State:		
Zip:			Zip:		
County:			County:		
Phone:			Phone:		
Fax:		Email:	Fax:		Email:

Provider Termination:

<input type="checkbox"/> No longer with group (practitioner)	<input type="checkbox"/> Deceased	<input type="checkbox"/> Retiring	<input type="checkbox"/> Other
--	-----------------------------------	-----------------------------------	--------------------------------

Comments/Special Instructions:

