

Facility Information Change Form



If your facility relocates or any of the following information changes, please use this form to notify us. If your facility plans to terminate operation or change its national provider identifier (NPI) and/or tax identification number (EIN), please contact your provider consultant. Indicate the changes necessary, then print and sign the form before faxing it to (785) 290-0734.

Section 1 – Facility Information

Facility Name _____
Provider Billing NPI Number* _____ SSN or Tax ID Number* _____

Please make the following change(s) to my provider record:

- New Address (complete Section 2)
- Facility Name Change (complete Section 3)
- Additional Addresses (complete Section 4)

* Use a separate change form for each Tax ID Number applicable to your request.

Effective Date _____

Section 2 – New Address

Former physical address:

Street Address _____
City _____
State _____ ZIP Code _____ +4 _____
Physical Phone Number _____ Physical Fax Number _____

Former mailing/correspondence address:

Street Address _____
City _____
State _____ ZIP Code _____ +4 _____
Mailing Phone Number _____ Mailing Fax Number _____

Former billing/payment/remittance address:

Street Address _____
City _____
State _____ ZIP Code _____ +4 _____
Billing Phone Number _____ Billing Fax Number _____

New physical address:

Street Address _____
City _____
State _____ ZIP Code _____ +4 _____ Office Hours _____
Physical Phone Number _____ Physical Fax Number _____

New mailing/correspondence address:

Street Address _____
City _____
State _____ ZIP Code _____ +4 _____
Mailing Phone Number _____ Mailing Fax Number _____

New billing/payment/remittance address:

Street Address _____
City _____
State _____ ZIP Code _____ +4 _____
Billing Phone Number _____ Billing Fax Number _____

Section 3 – Facility Name Change

Facility name change (not involving a Tax ID# or NPI# change):

Former Facility Name _____
Former Legal Name _____

New Facility Name _____
New Legal Name _____

Please continue on the next page.

Section 4 – Additional Addresses

Additional location address:

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____ Office Hours _____

Location Phone Number _____ Location Fax Number _____

Additional location address:

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____ Office Hours _____

Location Phone Number _____ Location Fax Number _____

Additional location address:

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____ Office Hours _____

Location Phone Number _____ Location Fax Number _____

Additional location address:

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____ Office Hours _____

Location Phone Number _____ Location Fax Number _____

Additional location address:

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____ Office Hours _____

Location Phone Number _____ Location Fax Number _____

Additional location address:

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____ Office Hours _____

Location Phone Number _____ Location Fax Number _____

Additional location address:

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____ Office Hours _____

Location Phone Number _____ Location Fax Number _____

Additional location address:

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____ Office Hours _____

Location Phone Number _____ Location Fax Number _____

Your signature required

Authorizing Signature _____ Date Signed _____

Completed by (please print) _____ Contact Phone Number _____ Contact Fax Number _____

Print, sign and send completed form to the address or fax number below:

Institutional Relations – CC445D2
P.O. Box 239, Topeka, KS 66601
Fax: (785) 290-0734

Phone: In Topeka, call (785) 291-4135, opt. 3; or outside Topeka, call toll free 1-800-432-3587, opt. 3.