An Anthem Company

Practice Profile Update form

In order to ensure accuracy in Empire BlueCross BlueShield HealthPlus provider records systems, directories, and demographic information for claims adjudication, please complete this form when there are changes to your practice profile or when a contract termination is requested. Return completed forms to the Provider Relations department by fax to **1-866-495-7027** or email to NYProviderprofiles@empireblue.com. **This form must be signed and completed in its entirety with supporting documentation - if needed - in order to be processed.**

Section A. General information

Provider type: ☐PCP ☐Specialist

Specialty description ________________ Secondary specialty ________________

☐ Facility ☐ Group ☐ IPA ☐ Ancillary ☐ MLTC ☐ Behavioral Health

Provider ID or NPI:	**Provider name:**
Group ID or NPI:	**Group name:**
TIN:	☐**New request** ☐**Follow-up** ☐**Previous submission**

Section B. Termination reason/effective date[1]

☐Quit ☐Deceased ☐Retired ☐Provider relocated ☐Other	Termination effective date ___/ ___/ ______

Section C. Update request[2]

☐ **Office location** ☐**Billing location** ☐**Adding location** ☐**Removing location**

Site address: ____________________________ **Office manager:** __________________________
____

Appointment phone: ____________________ **After hours phone:**__________________________
Fax: ___________________________________

Office hours: ☐Monday: ☐Tuesday: ☐Wednesday: ______________________
☐Thursday ☐Friday: ☐Saturday: ☐Sunday:_______________

Age range of patients served: ______-______ **Wheelchair accessible:** ☐Yes ☐No

Additional comments: ____
____
____
____

Signature of individual completing form: ____

Printed name: __________________________ **Contact phone:** _____________________________

Date completed: ________________________ **Contact email:** _____________________________

1 The termination letter must be attached on practice letterhead.

2 For all changes to billing information, a copy of current W-9 form must be attached. Please note that a minimum of 16 office hours are required weekly for PCP locations.

Provider Services: 1-800-450-8753

www.empireblue.com/nymedicaiddoc

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