# NOTIFICATION OF CHANGE FORM (AZ)

EMAIL COMPLETED FORM TO: ProviderRelations@p3hp.org

IDENTIFY PROVIDER/MASTER VENDOR THAT HAS CHANGED

| | |
|---|---|
| Provider Name: | ❑ Male ❑ Female |
| Specialty (list all that apply): | Effective Date of Change: |
| Contract Name: | Citra Provider #: |
| Master Vendor Name: | Citra Master Vendor #: |
| TIN# | |

| TYPE OF REQUEST | TYPE OF PROVIDER | ADD/CHANGE | |
|---|---|---|---|
| ❑ Add (New Info) | ❑ Employed | ❑ Provider Joining Group | ❑ Billing Address |
| ❑ Change (Old & New Info) | ❑ Contracted | ❑ Provider/Vendor Name Change | ❑ Other Demographic |
| ❑ Termination | ❑ Letter of Agreement | ❑ Group/Master Vendor Change | ❑ Provider Panel Change |
| ❑ Reactivate | ❑ Non-Contracted | ❑ Tax Identification Number | ❑ Billing Area in IDX |
| | | ❑ Provider Practice Site/Address | ❑ Other-Credentialing Update |

HEALTH PLANS: ❑ BCBS

| CHANGE DOCUMENTATION | | OLD INFORMATION | NEW INFORMATION |
|---|---|---|---|
| 1. Provider Joining Group | | 1. | 1. |
| 2. Provider D.O.B. | | 2. | 2. |
| 3. Provider SSN | | 3. | 3. |
| 4. Provider/Vendor Name | | 4. | 4. |
| 5. Group Name/Master Vendor | | 5. | 5. |
| 6. Tax Identification Number | | 6. | 6. |
| 7. Clinic Name | | 7. | 7. |
| 8. Provider Practice Site/Address | | 8. | 8. |
| 9. Provider Site Phone # | | 9. | 9. |
| 10. Provider Site Fax # | | 10. | 10. |
| 11. Billing Office Address | | 11. | 11. |
| 12. Billing Office Phone # | | 12. | 12. |
| 13. Billing Office Fax # | | 13. | 13. |
| 14. EMR/EHR | | 14. | 14. |
| 15. NPI | | 15. | 15. |
| 16. CAP or FFS Provider | | 16. | 16. |
| 17. License Number | | 17. | 17. |
| 18. Hospital Affiliations | | 18. | 18. |
| 19. If PCP, need provider for member reassignment | | 19. | 19. |

COMMENTS:

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CREDENTIALING/REFERRALS:

| | BCBS | Amerigroup | |
|---|---|---|---|
| Credentialing Date:<br>Par/Referral Status Code: | | | |

| Submitted By: | Phone: | Email: | Date: |
|---|---|---|---|
| | | | |

Internal Use Only

| Submitted By: | Department: | Date: | Written (see attached): |
|---|---|---|---|
| | | | |

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|---|---|---|---|---|
| Grids: | ❑ Contract | ❑ Claims | ❑Master Par | ❑HSD |
| Directories: | ❑ Hometown | ❑Select | ❑P3 | |
| Change Notices: | ❑Internal | ❑BCBS | ❑Hometown | ❑Select |