

CHANGE REQUEST

Submission Date: _____

Use this form to request changes to the profile of an existing provider.

- Change in Demographic Information** (provider name, NPI#, PCP /SPC, degree, email, phone#, department)
- Change in Practice Location Fields** (add, remove, Tax ID, PCP primary location)
- Change in Education/Certification/Specialties information on Find-A-Doc (FAD) website** (please explain all FAD changes under "Special Instructions", below)

Practitioner Information

Last: _____ First: _____ Middle: _____ Suffix: _____

Degree/License: _____ NPI#: _____

Primary Specialty: _____ Secondary Specialty: _____

Additional Specialties: _____ Department: _____

Please Select: PCP Specialist (SPC) Gender: Male Female

Behavioral Health: No Yes Privileging Entity: UNMH UNMMG SRMC

Practice Locations Information

Add	Remove	Tax ID	Facility/Clinic Name and Address	Check Primary Location – PCP Only)
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

NOTE: All practice locations will display on Find-A-Doc website excluding the following departments: Anesthesiology, Emergency Medicine, Emergency Department, Center for Reproductive Health, Pathology, and Radiology.

Special Instructions for Provider Directory:

Submitted By: (Credentialing Liaison)

Full Name: _____ Title: _____ Phone: _____

Department: _____ Email: _____

SECTION TO BE COMPLETED BY OCCS STAFF:

Has all sections been reviewed? Behavior Health PCP Panel Specialty Excl. Svc. Trauma FAD

Managed Care Ready 1st Payer Notified Date: _____ Cactus Enter Date: _____ Entered By: _____

Send Complete Form To:

Office of Clinical Contract Services (OCCS)
UNM Medical Group
Email: ProviderDirectory@unmmg.org