UNM HEALTH SYSTEM MANAGED CARE

Provider Enrollment Change Form

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 Loc. (PCP Only)	Load to Provider Directory (FAD)
☐	☐			☐	☐Yes ☐No
☐	☐			☐	☐Yes ☐No
☐	☐			☐	☐Yes ☐No
☐	☐			☐	☐Yes ☐No
☐	☐			☐	☐Yes ☐No
☐	☐			☐	☐Yes ☐No

NOTE: All practice locations will be displayed in contracted Health Plan Provider Directories and on Find-A-Doc website excluding the following departments: Anesthesiology, Emergency Medicine, Emergency Department, Center for Reproductive Health, Pathology, and Radiology or unless you select no above.

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. Srvc. ☐ 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

Revised: 09/18/2023