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 Location – PCP Only)
☐	☐	Select Tax ID	Select a Practice Location	☐
☐	☐	Select Tax ID	Select a Practice Location	☐
☐	☐	Select Tax ID	Select a Practice Location	☐
☐	☐	Select Tax ID	Select a Practice Location	☐
☐	☐	Select Tax ID	Select a Practice Location	☐
☐	☐	Select Tax ID	Select a Practice Location	☐

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. 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

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