

Facility/Ancillary Provider Change of Information



It is important to promptly notify MVP Health Care of any changes in demographic status, including service address, contract NPI, and operating certificate.

Instructions for Completing and Submitting the Change of Information Request

Complete **Section 1** with current Facility/Ancillary information.

Provide all pertinent information in **Section 2** regarding the change(s) requested. Complete **only** the fields that are changing. Incomplete information may result in change(s) not being processed or processed inaccurately.

An authorization signature is required in **Section 3**.

If you are requesting multiple address changes/additions, submit a separate Change Request for **each** address change/addition.

Submit this completed Change Request and any supporting documents by email to **MVPFacility@mvphealthcare.com**.

To report a change of Tax ID Number (TIN), contact your MVP Contract Manager to report that type of change.

Section 1: Current Facility Information *(completing this Section is required)*

Facility Name	Tax ID No.	Contract NPI No.	Effective Date of Change(s)	
Street Address	City	State	Zip Code	

Section 2: Information Change(s) *(complete all information fields that are changing)*

The address below is: A change to the address on file A new, additional facility address Remove this address on file
 A change to the remittance address *(only one remit-to address permitted per Tax ID No.)*

Facility Street Address	City	State	Zip Code
Facility Phone No.	Facility Fax No.	Is this Location Wheelchair Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility Name	Facility Billing Company		
Contact Name	Contact Phone	Contact Fax No.	
Contact Email			

Operating Certificate Change *(supporting documentation of the change must be submitted with this Change Request)*

Additional Comments or Information Relevant to this Change Request

Section 3: Authorization *(signature required)*

Name (print)	Signature	Date
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