

# Facility Information Change Form



If your facility relocates or any of the following information changes, please use this form to notify us. If your facility plans to terminate operation or change its national provider identifier (NPI) and/or tax identification number (EIN), please contact your provider consultant. Indicate the changes necessary, then print and sign the form before faxing it to (785) 290-0734.

## Section 1 – Facility Information

Facility Name \_\_\_\_\_  
Provider Billing NPI Number\* \_\_\_\_\_ SSN or Tax ID Number\* \_\_\_\_\_

Please make the following change(s) to my provider record:

- New Address (complete Section 2)
- Facility Name Change (complete Section 3)
- Additional Addresses (complete Section 4)

\* Use a separate change form for each Tax ID Number applicable to your request.

Effective Date \_\_\_\_\_

## Section 2 – New Address

Former physical address:

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_  
Physical Phone Number \_\_\_\_\_ Physical Fax Number \_\_\_\_\_

Former mailing/correspondence address:

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_  
Mailing Phone Number \_\_\_\_\_ Mailing Fax Number \_\_\_\_\_

Former billing/payment/remittance address:

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_  
Billing Phone Number \_\_\_\_\_ Billing Fax Number \_\_\_\_\_

New physical address:

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_  
Physical Phone Number \_\_\_\_\_ Physical Fax Number \_\_\_\_\_

New mailing/correspondence address:

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_  
Mailing Phone Number \_\_\_\_\_ Mailing Fax Number \_\_\_\_\_

New billing/payment/remittance address:

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_  
Billing Phone Number \_\_\_\_\_ Billing Fax Number \_\_\_\_\_

## Section 3 – Facility Name Change

Facility name change (not involving a Tax ID# or NPI# change):

Former Facility Name \_\_\_\_\_  
Former Legal Name \_\_\_\_\_

New Facility Name \_\_\_\_\_  
New Legal Name \_\_\_\_\_

**Please continue on the next page.**

## Section 4 – Additional Addresses

Additional location address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_

Location Phone Number \_\_\_\_\_ Location Fax Number \_\_\_\_\_

Additional location address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_

Location Phone Number \_\_\_\_\_ Location Fax Number \_\_\_\_\_

Additional location address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_

Location Phone Number \_\_\_\_\_ Location Fax Number \_\_\_\_\_

Additional location address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_

Location Phone Number \_\_\_\_\_ Location Fax Number \_\_\_\_\_

Additional location address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_

Location Phone Number \_\_\_\_\_ Location Fax Number \_\_\_\_\_

Additional location address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_

Location Phone Number \_\_\_\_\_ Location Fax Number \_\_\_\_\_

Additional location address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_

Location Phone Number \_\_\_\_\_ Location Fax Number \_\_\_\_\_

Additional location address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_ Office Hours \_\_\_\_\_

Location Phone Number \_\_\_\_\_ Location Fax Number \_\_\_\_\_

**Your signature required**

Authorizing Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Completed by (please print) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Contact Fax Number \_\_\_\_\_

Print, sign and send completed form to the address or fax number below:

Institutional Relations – CC445D2  
 P.O. Box 239, Topeka, KS 66601  
 Fax: (785) 290-0734

Phone: In Topeka, call (785) 291-4135, opt. 3; or outside Topeka, call toll free 1-800-432-3587, opt. 3.