PROVIDER GROUP INFORMATION UPDATE

MAIL: 853 W. Washington St, Marquette, MI 49855 **FAX:** (906) 225-1087
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Effective Date: _____

☐ Update existing, adding additional location
☐ Terming existing, adding new location

Practice Location Information

Primary Practice Location/Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Service NPI: _____ TIN: _____
Phone: _____ Fax: _____
Office Hours: _____
Office Manager Name: _____
Email: _____

Billing Address Information

Billing Location/ Payee Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Billing NPI: _____ TIN: _____
Phone: _____ Fax: _____

Tax Address Information Changing YES/NO (If yes, please attach updated W9)

Tax Location/Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
TIN: _____
Phone: _____ Fax: _____

Providers Practicing at this Location: Attach a roster for additional providers

Provider Name	Degree	Specialty	Provider NPI	Accepting New Patients? Y/N	Provider's Primary Location? Y/N	Hours working at this location? >20, <20, Rarely