



Authorization Information Change

This form is to update the method in which an iCircle MLTC Provider receives future Authorization documents. As of 4/1/21, iCircle Services underwent new system implementations to improved efficiencies throughout all processes. Previous provider information pertaining to authorization delivery methods may have to be updated to reflect the most accurate information.

Date of Form Submission (Back-Dated Forms will NOT be accepted): _____

Provider Legal Name: _____

Provider NPI: _____ Provider Tax ID: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Preferred Method to receive iCircle Authorization: FAX **OR** EMAIL

*Please Note, Providers are now allowed to have a different Fax Number or Email for each physical provider office located within different cities, regardless of if they operate with the same NPI/Tax ID. To have a different fax/email contact for authorization information for each location, please submit a separate form for each desired physical address. Please also note, if the provider has multiple locations within the same city, only 1 fax or email contact can be listed.

If additional addresses utilize the **same** Fax or Email for your organization’s Authorization needs, please indicate what additional entities/addresses those are in this section:

Provider FAX Number: _____

OR

Provider EMAIL: _____

Provider Representative Making Request: Date: _____

Full Name: _____ Title: _____

Please submit completed forms to ProviderNetwork@iCirclecny.org.
Please allow 1 full business day for information to be updated in iCircle’s systems.

Thank you,
iCircle Provider Network Team