



Provider Demographic Change Form

CURRENT DEMOGRAPHIC INFORMATION

TODAY'S DATE:		EFFECTIVE DATE:				
LEGAL ENTITY NAME:						
DBA (if applicable):						
Address :		City:	State:	Zip Code:		
Phone:			Fax:			
Email:						
TAX ID#:		NPI (s):		Email:		
Type of Demographic Change:	<input type="checkbox"/> Additional Tax ID	<input type="checkbox"/> Update Tax ID	<input type="checkbox"/> Update Office Hours	<input type="checkbox"/> Additional Location	<input type="checkbox"/> County (check all that apply)	
	<input type="checkbox"/> Additional NPI	<input type="checkbox"/> Update NPI	<input type="checkbox"/> Name/Provider	<input type="checkbox"/> Address Change	<input type="checkbox"/> Contact Change	
	<input type="checkbox"/> Termination Effective Date: _____		Reason for Termination: _____			
	<input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____					

NEW DEMOGRAPHIC INFORMATION (Complete the applicable section)

LEGAL ENTITY NAME:					
DBA (if applicable):					
Address :		City:	State:	Zip Code:	
Phone:			Fax:		
NPI:		Tax ID:		Email:	

****W-9 Forms are required for the following:** change of address, change of legal entity name, and/or additional locations.
Credentialing is required for the following: change of tax ID
<https://icirclecarecny.org/ProvidersPartners/ProviderForms/tabid/246/Default.aspx>

CHANGE TAX ID	Current Tax ID#: _____ <input type="checkbox"/> Keep current Tax ID (adding additional Tax ID) <input type="checkbox"/> Terminate current Tax ID (replacing with new Tax ID)	New Tax ID: _____ Reason for New/Additional Tax ID#: <input type="checkbox"/> Joining exiting TIN/Practice <input type="checkbox"/> Change in ownership <input type="checkbox"/> New Name for existing Tax ID <input type="checkbox"/> New Business – Please complete Credentialing Application <input type="checkbox"/> Other: _____
CHANGE NPI	Current NPI#: _____ <input type="checkbox"/> Keep current NPI (adding additional NPI) <input type="checkbox"/> Terminate current NPI (replacing with new NPI)	New Tax ID: _____ Reason for New/Additional NPI#: <input type="checkbox"/> Joining exiting TIN/Practice <input type="checkbox"/> Change in ownership <input type="checkbox"/> New Name for existing Tax ID <input type="checkbox"/> New Business – Please complete Credentialing Application <input type="checkbox"/> Other: _____



CHANGE OF ADDRESS	<input type="checkbox"/> Old Address <input type="checkbox"/> New Address		<input type="radio"/> Primary Office		<input type="radio"/> Additional Office		<input type="radio"/> Billing / Remittance	
	Address 1:				City:	State:	Zip Code:	
	Office Phone:				Office Fax:			
	Office Hours	Mon ____ - ____	Tues ____ - ____	Wed ____ - ____	Thu ____ - ____	Fri ____ - ____	Sat ____ - ____	Sun ____ - ____
	<input type="checkbox"/> Old Address <input type="checkbox"/> New Address		<input type="radio"/> Primary Office		<input type="radio"/> Additional Office		<input type="radio"/> Billing / Remittance	
	Address 2:				City:	State:	Zip Code:	
	Office Phone:				Office Fax:			
	Office Hours	Mon ____ - ____	Tues ____ - ____	Wed ____ - ____	Thu ____ - ____	Fri ____ - ____	Sat ____ - ____	Sun ____ - ____

ORGANIZATIONAL CONTACT CHANGES:

Inquiry Type	Name	Phone	Email
Billing			
Contracting			
Credentialing			
Customer Service			
Other			

Service Authorization Contact Name:	Preferred Method to receive Service Authorizations:
Name: _____ Phone: _____	Fax <input type="checkbox"/> or Email <input type="checkbox"/> Please List Fax or Email: _____

PLEASE CHECK THE ALL COUNTIES IN WHICH YOU ARE LICENSED TO PROVIDE SERVICE:

<input type="checkbox"/> Albany	<input type="checkbox"/> Cortland	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Onondaga	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Ulster
<input type="checkbox"/> Allegany	<input type="checkbox"/> Delaware	<input type="checkbox"/> Kings	<input type="checkbox"/> Ontario	<input type="checkbox"/> Schenectady	<input type="checkbox"/> Warren
<input type="checkbox"/> Bronx	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Lewis	<input type="checkbox"/> Orange	<input type="checkbox"/> Schoharie	<input type="checkbox"/> Washington
<input type="checkbox"/> Broome	<input type="checkbox"/> Erie	<input type="checkbox"/> Livingston	<input type="checkbox"/> Orleans	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Wayne
<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Essex	<input type="checkbox"/> Madison	<input type="checkbox"/> Oswego	<input type="checkbox"/> Seneca	<input type="checkbox"/> Westchester
<input type="checkbox"/> Cayuga	<input type="checkbox"/> Franklin	<input type="checkbox"/> Monroe	<input type="checkbox"/> Otsego	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Fulton	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Putnam	<input type="checkbox"/> Steuben	<input type="checkbox"/> Yates
<input type="checkbox"/> Chemung	<input type="checkbox"/> Genesee	<input type="checkbox"/> Nassau	<input type="checkbox"/> Queens	<input type="checkbox"/> Suffolk	
<input type="checkbox"/> Chenango	<input type="checkbox"/> Greene	<input type="checkbox"/> New York	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Sullivan	
<input type="checkbox"/> Clinton	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Niagara	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tioga	
<input type="checkbox"/> Columbia	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Oneida	<input type="checkbox"/> Rockland	<input type="checkbox"/> Tompkins	
<input type="checkbox"/> All New York Counties					

Completed By:	
Title:	Date:

Please fax, email or mail completed form to iCircle **with a copy of your W9**

Fax: 888-519-2816 / Email: ProviderNetwork@icirclecny.org / Mail: iCircle Care, Attn: Provider Relations, 860 Hard Rd, Webster NY 14580