First Choice Health™

Healthy Employees. Healthy Companies.™

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Provider Update Form

Please Note: This form is intended for providers who are already credentialed with FCH. If you would like to become credentialed with FCH, please visit fchn.com and click on 'Resources for Providers' in the top right corner.

Contact Name (First Name):	Contact Phone:	Contact E-mail Address:	Effective Date of Change:
Provider Name:		Provider NPI:	Taxonomy:

TYPE OF PROVIDER CHANGE: ☐ **ADD** ☐ **REMOVE**		Tax ID:	
Street Address:	City:	State:	Zip Code + Four:
Check Appropriate Type of Address: ☐ Physical Practice Address (can't be PO box) ☐ Billing Address		Phone Number:	
Hospital Affiliation:	Languages Spoken (other than English):	Address ADA Accessible?	
☐ Women's Health ☐ OB Deliveries ☐ Telemedicine	Capacity (the maximum number of patients a practitioner manages):		

TYPE OF ADDRESS CHANGE: ☐ **ADD** ☐ **REMOVE**		Tax ID:	
Street Address:	City:	State:	Zip Code + Four:
Check Appropriate Type of Address: ☐ Physical Practice Address (can't be PO box) ☐ Billing Address		Phone Number:	
Hospital Affiliation:	Languages Spoken (other than English):	Address ADA Accessible?	
Gender Limitations: ☐ Male ☐ Female ☐ None	Minimum Age:	Maximum Age:	
☐ Women's Health ☐ OB Deliveries ☐ Telemedicine			

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Hospital Affiliation:	Languages Spoken (other than English):	Address ADA Accessible?	
Gender Limitations: ☐ Male ☐ Female ☐ None	Minimum Age:	Maximum Age:	
☐ Women's Health ☐ OB Deliveries ☐ Telemedicine			

Pay-To Address: As a Preferred Provider Organization (PPO), we do not store your pay-to address (where you want your checks sent) in our system. This address should be relayed on your claims. For Electronic (EDI) claims, submit this address in loop 2010 AB and on a paper claim (CMS 1500 or HCFA), this address should be in box 33.

OTHER CHANGES: ☐ CORPORATE ☐ PERSONAL		
	OLD	NEW
☐ Corporate Name (W9 form required)		
☐ Personal Name (Requires a license, e.g., driver's license, practice license, or marriage license)		
☐ Tax ID Number (W9 form required)		
☐ NPI		
☐ Phone (Practice location)		
☐ Fax (Practice location)		