

Medical Practice Information Change Form

It is important that you provide MHS with current information about your practice:

- so we can accurately communicate your availability to members and other providers in directories
- to assure the timely processing of your claims

Please photocopy this form and use it whenever an information change occurs.

Current	Change to
Provider's name (Last, First, Middle Initial)	
Entity name (as listed on first line of W-9 form)	
Second languages spoken by clinician	
Provider's ID #s	
Tax Identification Number (TIN)	
National Provider Identifier (NPI)	
Taxonomy	
Clinic name	
Office location	
Billing address	
Phone	
FAX	
Specialty	

MHS Health may deny claims when information submitted with claims does not match information currently in our files, creating payment delays. For best results, notify us in advance of the effective date of billing information changes. Please submit changes via a W-9 form. (MHS Health cannot accept changes to a provider's address or TIN number when conveyed via a claim form.)

This form must be signed and dated for the changes to be made.

(Signature)

(Title)

(Date)

Fax to: MHS Health Provider Data Management Department 1-866-671-3669

MHS/NHP refers to the BadgerCare Plus and Medicaid SSI members of MHS Health Wisconsin and Network Health Plan