



**PROVIDER MAINTENANCE REQUEST FORM**  
**FOR PCP, OB/GYN, PCP MID-LEVELS & OB/GYN MID-LEVELS**

**PROVIDER INFORMATION**

PROVIDER NAME: \_\_\_\_\_  
NPI: \_\_\_\_\_ DATE OF SUBMISSION: \_\_\_\_\_

**EFFECTIVE DATE OF CHANGES:**

**NOTE: All Providers contracted with an IPA must notify the IPA of all changes according to contractual and policy requirements. IPAs remain responsible for providing timely notification (i.e., 60-day advanced notification for Providers with Members assigned) to IEHP of any Provider changes.**

**Maintenance Request (Check all that apply):**

<input type="checkbox"/>	ADDRESS (adding/termining a location or relocation)	<input type="checkbox"/>	TIN CHANGE
<input type="checkbox"/>	PROVIDER CHANGE (adding or terming a provider)	<input type="checkbox"/>	PHONE, FAX, OR OFFICE HOURS
<input type="checkbox"/>	AFFILIATION CHANGE (adding/termining an affiliation)	<input type="checkbox"/>	CHANGE TO NON-PARTICIPATING PROVIDER (no Member Assignment)
<input type="checkbox"/>	AGE LIMIT CHANGE	<input type="checkbox"/>	OTHER:

**Maintenance Request Applies to the following:**

**Provider Type**     PCP     OB/GYN     PCP Mid-Levels     OB/GYN Mid-Levels:

**PLEASE SEE THE BELOW CHECKLISTS AND INCLUDE REQUIRED DOCUMENTATION FOR EACH APPLICABLE MAINTENANCE REQUEST.**

**PCP, OB/GYN, PCP Mid-Levels, and OB/GYN Mid-Levels:**

- For W-9 changes, an updated W-9 form is required.
- For any IPA Changes, please attach new contract signature page and updated W-9 form.

New Age Limit: \_\_\_\_\_

Old TIN: \_\_\_\_\_

New TIN: \_\_\_\_\_

Location(s) to be added and/or relocating to address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location(s) to be termed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Phone: \_\_\_\_\_

New Fax: \_\_\_\_\_

New Hours: \_\_\_\_\_

