



Network Participant Facility Change Form

Contact Information			
Facility Name		Phone	
Address	City	State	ZIP
NPI Number		Federal Tax ID#	
Contact Name	Email	Fax	
I am the new contact person; please replace previous information with my information listed above.			

Facility Changes			
Effective Date of Changes:			
Facility's Name	New Name		Old Name
Federal Tax ID	New Federal Tax ID		Old Federal Tax ID
NPI Number	New NPI Number		Old NPI Number
Address	Business	Billing/Remit	Mailing
New Address (street address, city, zip +4)		Old Address (street address, city, zip +4)	
New Service Location			
New Address (street address, city, zip +4)		Old Address (street address, city, zip +4)	
Closed Service Location	Closed Address (street address, city, zip +4)		
Phone or Fax Number	New Phone		Old Phone
	New Fax		Old Fax

***Complete separate form for each unique IRS Federal Tax Identification Number**

Return completed form and W9 to: Group Health Cooperative of Eau Claire
 Attn: Contracting & Provider Relations
 PO Box 3217 | Eau Claire, WI 54702-3217
Fax: (715) 598-7534
Email: ProviderRelations@group-health.com

Questions? Feel free to give us a call at (715) 852-5706 and we will help you through the process.