



Network Participant Facility Change Form

Contact Information

Facility Name: _____ Phone: _____

Address (street, city, state, zip+4): _____

Federal Tax ID #: _____ NPI Number: _____

Contact Person: _____ 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: _____ Old NPI: _____

Address

Address Type: Business Billing/Remit Mailing

New Address (street address, city, zip +4): _____

Old Address (street address, city, zip+4): _____

New Service Location

New Address: _____

Staff at This Location: _____

Closed Service Location

Closed Address: _____

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) 552-3500

Email: provider.relations@group-health.com

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