

# HIP Provider Update Form

Provider Name:	Provider ID # (NY State License Number):
Please check one of the following: <input type="checkbox"/> PCP <input type="checkbox"/> OB/GYN <input type="checkbox"/> Specialty Type	

## Service Address Changes

- Adding a service address           
  Correcting an existing service address           
  Closing a service address

*When adding or changing Service Address information, please also enter Billing and Correspondence Address information.*

Old Service Address			New Service Address		
Street Address			Street Address:		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	
Office Hours	Hours after 5pm / Weekends:		Office Hours	Hours after 5pm / Weekends:	
Wheelchair Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No			Wheelchair Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bathrooms Wheelchair Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No			Bathrooms Wheelchair Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exam Tables Can Be Raised/Lowered: <input type="checkbox"/> Yes <input type="checkbox"/> No			Exam Tables Can Be Raised/Lowered: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Effective Date of Service Address Change:** \_\_\_/\_\_\_/\_\_\_            **E-Mail** \_\_\_\_\_

## Billing Address Changes (\*W-9 required with this form)

- Adding a billing address\*           
  Correcting an existing billing address\*           
  Closing a billing address  
 Additional Federal Tax ID # / SSN\*           
  Closing a Federal Tax ID # / SSN           
  Tax ID # / SSN is the same

Old Billing Address			New Billing Address		
Street Address			Street Address:		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	
Tax ID # / SSN			Tax ID # / SSN		

**Effective Date of Billing Address Change:** \_\_\_/\_\_\_/\_\_\_            **E-Mail** \_\_\_\_\_

## Correspondence Address Changes

- Updating correspondence address           
  Correspondence & service address are the same  
 Correspondence & billing address are the same

Old Correspondence Address			New Correspondence Address		
Street Address			Street Address:		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	

**Effective Date of Correspondence Address Change:** \_\_\_/\_\_\_/\_\_\_            **E-Mail** \_\_\_\_\_

**Signature:** \_\_\_\_\_            **Title:** \_\_\_\_\_            **Date:** \_\_\_\_\_