

Please email form to Provider.Relations@hsc.utah.edu.

Please include any associated provider(s) and NPI(s) number(s) that we need to have listed under the change. If needed, attach a provider roster, W-9, or other necessary documentation with this form in your email. This information is required to complete this request.

*Anything with a * next to it is a required field.*

* EFFECTIVE DATE OF CHANGE: CHANGE INFORMATION ADD A NEW LOCATION

* GROUP TAX ID: TERMINATION

* GROUP NPI:

* CONTACT INFORMATION: (IF A DIFFERENT CONTACT PERSON IS USED FOR EACH SERVICE TYPE, PLEASE INCLUDE DETAILS IN THE EMAIL)

(PICK ALL THAT APPLY) PRACTICE CONTRACTING CREDENTIALING

NAME: PHONE:

EMAIL: FAX:

OLD ADDRESS:

PHONE: FAX:

OLD BILLING ADDRESS:

PHONE: FAX:

* PRACTICE LOCATION NAME:

(FOR PATIENT VISITS AND DIRECTORY LISTING)

* ASSOCIATED PROVIDER: (IF MULTIPLE PROVIDERS, ATTACH INFORMATION AS A SPREADSHEET OR OTHER FORM OF ROSTER IN YOUR EMAIL)

NAME: NPI:

* NEW ADDRESS:

(IF A DIFFERENT ADDRESS IS USED FOR EACH SERVICE TYPE, PLEASE INCLUDE DETAILS IN THE EMAIL)

(PICK ALL THAT APPLY) PRACTICE CONTRACTING CREDENTIALING

PHONE: FAX:

EMAIL:

LOCATION INFORMATION (PLEASE CHECK ANY THAT APPLY TO THE OFFICE LOCATION)

- | | | |
|--|--|--|
| <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Domestic Violence Support Available |
| <input type="checkbox"/> Pediatric Services | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Substance Use Treatment |
| <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Language Translation Services | <input type="checkbox"/> LGBTQ-Friendly Environment |
| <input type="checkbox"/> Virtual Visits | <input type="checkbox"/> Visual Impairment Accommodations | |
| <input type="checkbox"/> Mobile Medicine | <input type="checkbox"/> Hearing Impairment Accommodations | |

GENDER RESTRICTION (IF ANY): AGE RESTRICTION (IF ANY):

CULTURAL COMPETENCY TRAINING DATE:

WEBSITE URL:

Website URL: By providing the URL to your clinic website, you give University of Utah Health Plans permission to publish a link to your site in our provider directories. U of U Health Plans assumes no responsibility or liability for the information displayed on your site.

* NEW BILLING ADDRESS:

CONTACT NAME: PHONE:

EMAIL: FAX:

WHAT ELSE WOULD YOU LIKE US TO KNOW?