

University of Rochester 2015 Employee Benefit Plan **Resource Guide**

Prepared for AHP-Participating Provider Offices



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Introduction

Effective January 1, 2015, the University of Rochester Employee Health Care Plans will have a three-tier benefit structure, with the providers and hospitals of Accountable Health Partners (AHP) making up Tier One. The University of Rochester agreed to partner with AHP and design a benefit plan that incentivizes employees to obtain care from the AHP network. In turn, AHP and its providers will work together to ensure better clinical outcomes for UR employees that result in savings to the University for employee health care.

This guide was created to assist AHP participating provider offices with caring for this population of University of Rochester (UR) employees. Any questions about this content may be directed to AHP at 585-758-7823 or info@ahpnetwork.com.

UR Patient Population

The University of Rochester patient population that this guide references includes approximately 30,000 UR employees and their dependents who opt for coverage under the UR employee benefit plan. UR employees are those individuals working for the University of Rochester, the University of Rochester Medical Center, Eastman School of Music, and Memorial Art Gallery.

Individuals to whom the information in this guide does not apply include:

- Employees of affiliates of the University of Rochester (e.g., Highland Hospital, Visiting Nurse Service, FF Thompson Hospital)
- Medicare-eligible retirees of the University of Rochester
- Members of 1199 SEIU

It is estimated that, out of the 30,000 individuals covered under the plan, 10,000 are routinely obtaining care from outside of the AHP network.

Benefit Overview

Third-Party Administrators

University employees may choose between Excellus BCBS and Aetna as their plan's third-party administrator (TPA). Providers will submit claims through their established channels with each payer, and claims issues should be resolved by working directly with Excellus and Aetna.

TPA Contact Information

Aetna

Website: <https://www.aetna.com/health-care-professionals.html>

Phone: 1-888-MD-Aetna

Excellus BCBS

Website: ExcellusBCBS.com/Provider

Customer Care: 1-800-920-8889

Electronic Services/Claims Clearinghouse: 1-877-843-8520

Benefit Plans

After selecting a TPA, UR employees have a choice of two plans:

- YoUR PPO Plan: characterized by copays for office visits, small deductible for services such as inpatient care and imaging, and higher monthly premiums for the employee.
- YoUR HSA-Eligible Plan: characterized by a higher deductible for all healthcare services and a lower monthly premium.



To see how a side-by-side comparison of the plans, navigate to http://rochester.edu/working/hr/benefits/library/2015_Plan_Comparison_Chart.pdf

Tiered Network

Both plans take advantage of a tiered network, so employees will see differences in the pricing of deductible, copay, coinsurance, and out-of-pocket expenses, based on the tiers they use to access health care.

The 2015 plans are structured so that employees see considerable savings when choosing to get health care from providers in the AHP network or Tier One. Tier Two consists of providers who are not AHP-participating, but are participating with the TPA (Excellus or Aetna). Tier Three consists of providers who are neither participating in AHP nor Excellus/Aetna.

Preventive Care

Under both the PPO and HSA-Eligible plans, preventive care is covered 100%, i.e., not subject to copay, coinsurance or deductible. Preventive care includes annual physicals, well child visits, and annual ob-gyn examinations.

PCP Designation

Neither the PPO nor HSA-Eligible Plans require employees to select a PCP.

Referrals

Referrals are not required under either plan for UR employees in order to obtain care from specialists or other necessary health care services.

Specialties/Services not Included in AHP

Not all of specialties and services for which UR employees have coverage are included in the AHP network. For these covered services received from non-AHP providers who are within the Aetna or Excellus national network, the UR employee will receive coverage as though he/she used a Tier 1 (AHP) network provider:

Acupuncturist	Durable Medical Equipment
Ambulatory Surgical Centers	Infusion Therapy
Audiologist	Inpatient Mental Health
Chest & Respiratory Therapist	Inpatient Substance Abuse
Chiropractor	Inpatient Substance Abuse –
Dialysis Centers	Detoxification

Midwives/Nurse Midwives
Occupational Therapist
Optometrist
Outpatient Mental Health
Podiatrist
Physical Therapist
Residential Mental Health Treatment

(inpatient)
Skilled Nursing Facility
Speech Pathologist
Speech Therapist
Urgent Care Facilities



For more information services covered at the Tier One benefit level, navigate to
http://rochester.edu/working/hr/benefits/library/2015_Benefit_Level_Tier_1.pdf

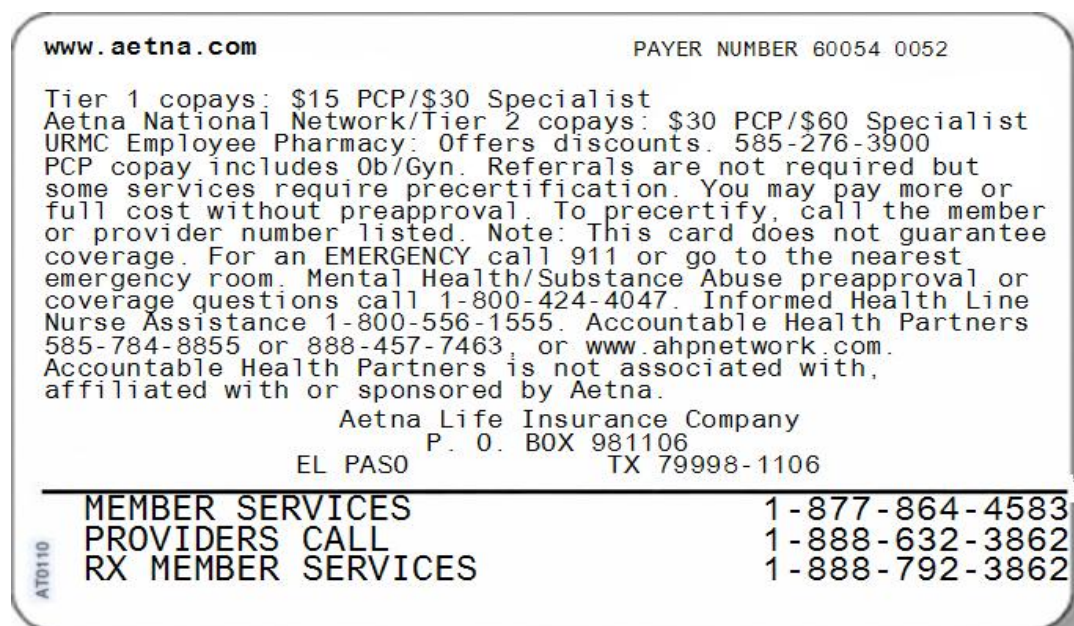
YoUR PPO Plan







For complete details about the YoUR PPO Plan:




http://rochester.edu/working/hr/benefits/library/2015_PPO_Plan_Guide.pdf

Aetna Subscriber Card Images: YoUR PPO Plan



Excellus Subscriber Card Images: YoUR PPO Plan

 		YOUR PPO Plan	 UNIVERSITY of ROCHESTER
Subscriber Name ROHAN, GERA Subscriber ID URL 123456789		Accountable Health Partner Provider Information, visit www.ahpnetwork.com . For an EMERGENCY call 911 or go to the nearest emergency room. Certain services require prior authorization. Without prior authorization, you may pay a penalty.	
Effective Date	11/01/2014	Plan	PPO
Plan Code	302/802	PCP Copay/Tier 1	\$15
RxBIN	003585	PCP Copay (Excellus)/Tier 2	\$30
RxPCN	74500	Spec Copay/Tier 1	\$30
		Spec Copay (Excellus)/Tier 2	\$60
			Rx

 		ExcellusBCBS.com/ur
Pharmacy Copays for 30 Day Retail Supply		Customer Care: 1-800-659-2808 TTY: 1-800-662-1220 Prior Authorization: 1-800-363-4658 BlueCard Provider: 1-800-810-2583 Rx Help Desk 1-877-391-9296 AHP Call Center: 1-888-457-7463
Generic Copay	\$10	Excellus BlueCross BlueShield, an independent licensee of the BlueCross BlueShield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.
Preferred Brand (\$25 min, \$50 max)	20% Coins	
Non-Preferred Brand (\$45 min, \$90 max)	35% Coins	
UPMC Employee Pharmacy: Discounts Offered		Excellus BlueCross BlueShield PO Box 22999 Rochester, NY 14692 A nonprofit independent licensee of the Blue Cross Blue Shield Association
All providers: File Claims with your LOCAL BlueCross BlueShield Plan. Member: If you are billed directly for services submit the claims to Excellus BlueCross BlueShield.		 Pharmacy benefits administrator

PPO Plan Deductibles

	Tier One AHP	Tier Two Aetna/Excellus	Tier Three – Out of Network
Deductible	Single/Family \$400/\$1000	Single/Family \$800/\$2000	Single/Family \$1600/\$4800
Coinsurance	90%	80%	60%
Out of Pocket Max			
Salary Band One	\$2000/\$4000	\$2500/\$5000	\$4000/\$8000
Salary Band Two	\$2500/\$5000	\$3000/\$6000	\$4000/\$8000

- Coinsurance is the amount the plan will pay for after the deductible is met.
- Deductibles cross apply between tiers.

PPO Plan Coverage: Copays

	Tier One AHP	Tier Two Aetna/Excellus	Tier Three – Out of Network
Preventive Care*	Plan pays 100% (no deductible or copay)		Not covered
Maternity Care: prenatal and postnatal visits	Plan pays 100% (no deductible or copay)		Plan pays 60% of reasonable and customary after deductible
PCP	\$15	\$30	
Specialist	\$30	\$60	
Allergy Tests and Injections	\$15 PCP \$30 Specialist	\$30 PCP \$60 Specialist	
Optometry	\$30		
Chiropractor			
Podiatrist			
PT/ST/OT ^			
Audiologist			
Respiratory therapy			
Acupuncturist^			
Outpatient mental health	\$15		
Outpatient substance abuse	\$15		
Outpatient mental health – BHP	Plan pays 100% (no deductible or copay)		NA

* Preventive care includes: annual physical exam; well baby/child visits; women's health screenings; breast feeding support, supplies and counseling; contraceptive methods; and patient education and counseling

^Visit limits apply. PT/ST/OT: combined limit of 45 visits/year. Acupuncturist: limit of 10 visits/year.

PPO Plan Coverage: Services Subject to Deductible

	Tier One AHP	Tier Two Aetna/Excellus	Tier Three – Out of Network
Imaging	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 60% of reasonable and customary after deductible
Labs			
Chemotherapy			
Hospital Inpatient Admission			
Inpatient physician and surgery services			
Hospital Outpatient facility			
Home Health Care			
Hospice			
DME	Plan pays 90% after deductible		
Ambulance			
Urgent Care			
Inpatient Mental Health			
Inpatient Substance Abuse			
Substance Abuse – Detoxification			
Skilled Nursing Facility*			
Dialysis Center			
Ambulatory Surgery Center			
Emergency Care ^	Plan pays 90% after deductible		

*Skilled Nursing Facility: coverage limited to 120 days/year.

^Non-emergent care delivered in a hospital emergency room is not covered.



For a comprehensive list of health care services and plan coverage, navigate to http://rochester.edu/working/hr/benefits/library/2015_Health_Program_Guide.pdf

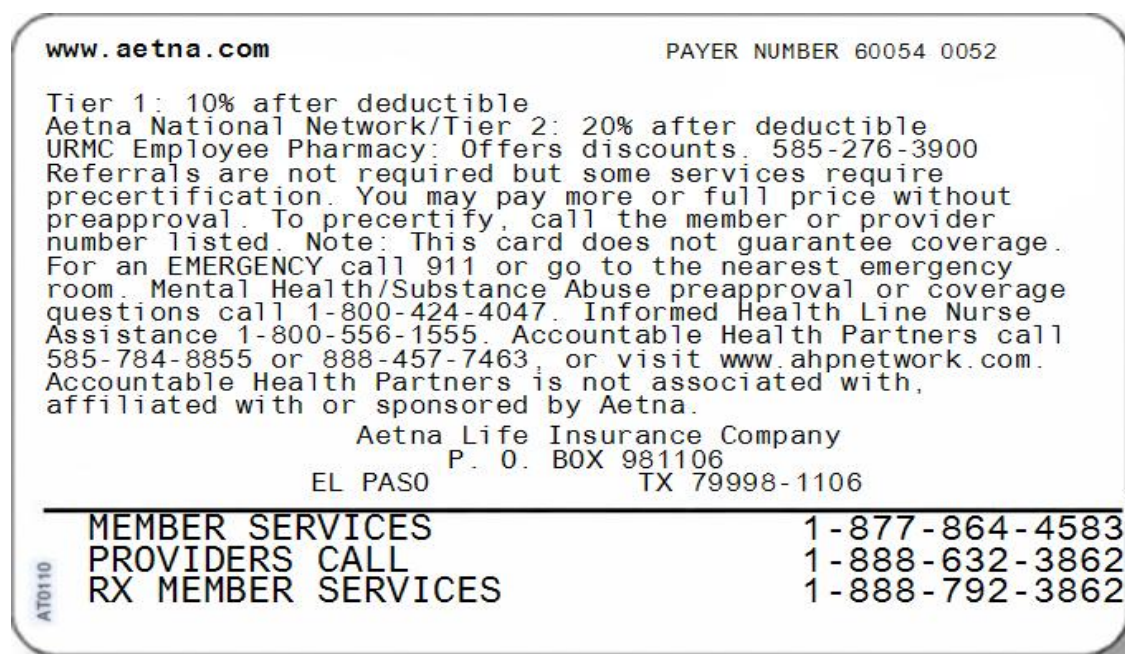
YoUR HSA-Eligible Plan



For complete details about the YoUR HSA-Eligible Plan:

http://rochester.edu/working/hr/benefits/library/2015_HSA_Plan_Guide.pdf

Aetna Subscriber Card Images: YoUR HSA-Eligible Plan



Excellus Subscriber Card Images: YoUR HSA-Eligible Plan



YOUR
HSA-Eligible
Plan



Subscriber Name

ROHAN, GERA

Subscriber ID

URL 123456789

Accountable Health Partner Provider
Information, visit www.ahpnetwork.com.
For an EMERGENCY call 911 or go to the
nearest emergency room. Certain services
require prior authorization. Without prior
authorization, you may pay a penalty.

Effective Date **11/01/2014**
Plan Code **302/802**
RxBIN **003585**
RxPCN **74500**

PCP/Tier 1	90% after Ded
PCP (Excellus)/Tier 2	80% after Ded
Spec/Tier 1	90% after Ded
Spec (Excellus)/Tier 2	80% after Ded



Rx



ExcellusBCBS.com/ur

Pharmacy Copays for 30 Day Retail Supply

Generic Copay **\$10 after ded**
Preferred Brand **20% Coins after ded**
(\$25 min, \$50 max)
Non-Preferred Brand **35% Coins after ded**
(\$45 min, \$90 max)

URMC Employee Pharmacy: Discounts Offered

All providers: File Claims with your LOCAL
BlueCross BlueShield Plan.

Member: If you are billed directly for services
submit the claims to Excellus BlueCross BlueShield.

Customer Care: **1-800-659-2808**
TTY: **1-800-662-1220**
Prior Authorization: **1-800-363-4658**
BlueCard Provider: **1-800-810-2583**
Rx Help Desk: **1-877-391-9296**
AHP Call Center: **1-888-457-7463**

Excellus BlueCross BlueShield, an independent
licensee of the BlueCross BlueShield
Association, provides administrative claims
payment services only and does not assume any
financial risk or obligation with respect to claims.

Excellus BlueCross BlueShield
PO Box 22999
Rochester, NY 14692

A nonprofit independent licensee of the
Blue Cross Blue Shield Association



Pharmacy
benefits
administrator

HSA-Eligible Plan Deductibles

	Tier One – AHP	Tier Two	Tier Three – Out of Network
Deductible	Single/Family \$1300/\$2600	Single/Family \$1800/\$3600	Single/Family \$2500/\$5000
Coinsurance	90%	80%	60%
Out of Pocket Max			
Salary Band One	\$2500/\$5000	\$3500/\$7000	\$4750/\$9500
Salary Band Two	\$3000/\$6000	\$4000/\$8000	\$4750/\$9500

- Under the HSA-eligible plan, the deductible applies to all medical and pharmacy expenses.
- Coinsurance is the amount the plan will pay for after the deductible is met.
- Deductibles cross apply between tiers.

University HSA Contribution

The University has provided one-time funding to a Health Savings Account (HSA) for eligible employees enrolling in the HSA-Eligible Plan during the 2015 Open Enrollment period. For employees selecting single coverage at Open Enrollment, the University will fund their HSAs with \$200. For employees selecting family, employee+spouse or employee+children coverage, the University will provide \$400 in funding.

Employees who are hired AFTER the open enrollment period (or become benefit eligible after the open enrollment period) AND who are in the first salary band of <\$46,300 are eligible for the University-funded HSA, while those same employees in the higher salary bands are not.

HSA-Eligible Plan Coverage: Office Visits

	Tier One AHP	Tier Two Aetna/Excellus	Tier Three – Out of Network
Preventive Care*	Plan pays 100% (no deductible)		Not covered
Maternity Care: prenatal and postnatal visits	Plan pays 100% (no deductible)		Plan pays 60% of reasonable and customary after deductible
PCP	Plan pays 90% after deductible	Plan pays 80% after deductible	
Specialist			
Allergy Tests and Injections			
Optometry	Plan pays 90% after deductible		
Chiropractor			
Podiatrist			
PT/ST/OT ^			
Audiologist			
Respiratory therapy			
Acupuncturist^			
Outpatient mental health			
Outpatient substance abuse			
Outpatient mental health – BHP	Plan pays 100% after deductible		NA

* Preventive care includes: annual physical exam; well baby/child visits; women's health screenings; breast feeding support, supplies and counseling; contraceptive methods; and patient education and counseling

^Visit limits apply. PT/ST/OT: combined limit of 45 visits/year. Acupuncturist: limit of 10 visits/year.

HSA-Eligible Plan Coverage: Other Services

	Tier One AHP	Tier Two Aetna/Excellus	Tier Three – Out of Network
Imaging	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 60% of reasonable and customary after deductible
Labs			
Chemotherapy			
Hospital Inpatient Admission			
Inpatient physician and surgery services			
Hospital Outpatient facility			
Home Health Care			
Hospice			
DME	Plan pays 90% after deductible		
Ambulance			
Urgent Care			
Inpatient Mental Health			
Inpatient Substance Abuse			
Substance Abuse – Detoxification			
Skilled Nursing Facility*			
Dialysis Center			
Ambulatory Surgery Center			
Emergency Care ^	Plan pays 90% after deductible		

*Skilled Nursing Facility: coverage limited to 120 days/year.

^Non-emergent care delivered in a hospital emergency room is not covered.



For a comprehensive list of health care services and plan coverage, navigate to http://rochester.edu/working/hr/benefits/library/2015_Health_Program_Guide.pdf

How Deductibles Cross Apply

Employees are likely to obtain services from within both the AHP network (tier one) and the national Excellus/Aetna networks (tier two). Employees' out of pocket costs will cross apply and count towards the deductibles and out-of-pocket maximums for the AHP tier and the Aetna or Excellus National Networks tier.

For example, a UR employee with single coverage obtains the services below from AHP providers and non-AHP providers. All of the out of pocket expenses prior to meeting any of the deductibles apply to all three deductibles:

	Tier One	Tier Two	Tier Three
PCP office visit	\$150	\$150	\$150
Prescription	\$200	\$200	\$200
Chest X-Ray	\$950	\$950	\$950
Tier One Deductible Satisfied	\$1300		

With the Tier One deductible satisfied, the plan will now until the end of the plan year pay 90% for services received from an AHP provider. However, services received from a Tier Two provider will apply towards the Tier Two deductible:

	Tier One	Tier Two	Tier Three
PCP office visit	\$150	\$150	\$150
Prescription	\$200	\$200	\$200
Chest X-Ray	\$950	\$950	\$950
Tier One Deductible Satisfied	\$1300		
AHP Specialist Visit	Plan pays 90%		
Non-AHP labs		\$400	\$400
Non-AHP PCP Visit		\$100	\$100
Tier Two Deductible Satisfied		\$1800	

With the Tier Two deductible now satisfied, the plan will now until the end of the plan year pay 80% for services received from Tier Two, non-AHP provider. However, services received from a Tier Three provider will apply towards the Tier Three deductible:

	Tier One	Tier Two	Tier Three
PCP office visit	\$150	\$150	\$150
Prescription	\$200	\$200	\$200
Chest X-Ray	\$950	\$950	\$950
Tier One Deductible Satisfied	\$1300		
AHP Specialist Visit	Plan pays 90%		
Non-AHP labs		\$400	\$400
Non-AHP PCP Visit		\$100	\$100
Tier Two Deductible Satisfied		\$1800	
Non-AHP Specialist Visit		Plan pays 80%	
Tier Three Urgent Care			\$700
Tier Three Deductible Satisfied			\$2500

With the Tier Three deductible now satisfied, the plan will now until the end of the plan year pay 60% of reasonable and customary charges for services received from Tier Three, non-AHP, non Excellus/Aetna providers.

Helping UR Employees Stay In the AHP Network

UR employee patients covered by a University Health plan will realize considerable savings in copays, deductibles, and coinsurance by obtaining health care services from within the AHP network. Providers can help their UR employee patients get the highest level of plan benefits by referring them to other AHP/Tier One providers when they require services.

The provider directory found at ahpnetwork.com helps patients and providers identify the physician and hospital members of AHP. The site also includes locations for AHP-participating lab draw stations and free-standing imaging.

Exclusive Health and Wellness Benefits for UR employees

The University offers a number of integrated programs designed to help employees manage or prevent health issues that negatively impact employee lives, attendance, and University health care costs.

Behavioral Health Partners

Behavioral Health Partners (BHP) is a mental health resource for the University of Rochester committed to improving employee well-being and mental health. Services are provided to employees, retirees and dependents enrolled in a University Health Care Plan.

BHP services include a range of therapies for mental health concerns such as anxiety, stress, and depression. The BHP clinical team includes therapists, NPs, RNs and psychiatrists, and can provide diagnostic assessments, psychotherapy, medication management, and primary care physician consults.

University employees, their spouses/domestic partners and children ages 18+ covered by the YoUR PPO Plan can see a BHP provider for \$0 out of pocket. Those covered under the YoUR HSA-Eligible Plan will pay \$0 out of pocket upon satisfying their Tier One deductible.

To refer UR employee patients to BHP or to obtain a consult, call 585-276-6900.



For more information about Behavioral Health Partners, navigate to <http://www.urmc.rochester.edu/behavioral-health-partners.aspx>

Condition Management Programs

Condition Management Programs are provided by the University of Rochester School of Nursing to UR employees and their spouses covered by a University health plan for \$0 out of pocket costs. The core concept of the program is to empower the participant to self-manage symptoms, treatments, physical and social consequences of the disease, and to promote the lifestyle changes necessary to live with a chronic condition.

Covered Diagnoses:

- Asthma
- Coronary Artery Disease
- High Blood Pressure
- Stroke
- Atrial Fibrillation
- COPD
- High Cholesterol
- Congestive Heart Failure
- Diabetes
- Lower Back Pain

The program's condition management nurses are trained to help individuals diagnosed with one or more of these diseases learn to manage their condition by:

- Increasing knowledge of the disease
- Providing strategies to slow disease progression, allowing for self-management and lifestyle changes
- Managing co-morbid conditions which contribute to the disease
- Reviewing current medications and treatments
- Developing personal goals and successful strategies to manage their disease

PCPs or specialists may refer UR employee patients for a Condition Management Program by:

- **Calling 585-275-6300**
- **Emailing URWell.Programs@URMC.Rochester.Edu**
- **Using the Referral Fax Form on page 19 of this Resource Guide**



For more information about Condition Management Programs, navigate to:
<https://urwell.rochester.edu/en-us/programs/conditionmanagementprograms.aspx>

Lifestyle Management Programs

Lifestyle Management Programs are provided by the Healthy Living Center to UR employees and their spouses covered by a University health plan for \$0 out of pocket costs. An interdisciplinary team that includes a physician, social worker, nurse, dietitians as well as fitness and tobacco counselors works with employees and their primary care physicians to develop personalized plans for meeting health goals. Delivered in both individual and group settings, these evidence based lifestyle programs are available for:

- Tobacco Cessation
- Cholesterol Control
- Blood Pressure Control
- Weight Loss
- Weight Loss Maintenance
- Stress Reduction

PCPs or specialists may refer UR employee patients for a Lifestyle Management Program by:

- **Calling 585-530-2050**
- **Emailing Healthy_Living_Center@URMC.Rochester.Edu**
- **Using the Referral Fax Form on page 19 of this Resource Guide**



For more information about Lifestyle Management Programs, navigate to:
<https://urwell.rochester.edu/en-us/programs/lifestylemanagementprograms.aspx>

Keeping Provider Information Up-To-Date

In order for the AHP provider directory to contain accurate information for patients, and to ensure the network is reporting the correct information about AHP providers to the University Health Plans' TPAs, it is critical that providers inform the network immediately about:

- Change of address
- Opening or closing patient panel
- Additional office locations
- Change of phone and fax number
- New providers joining the practice
- Providers leaving the practice
- Change to Tax ID

Contact Physician Relations at 585-758-7823 or info@ahpnetwork.com to report changes to practice information. Or fax the Provider Update Form on page 20 of this guide to 585-424-1268.

2015 UR Benefit Plan Webinar

To view a webinar about the 2015 UR Benefit Plan and what it means to AHP participating providers, navigate to

<http://my.brainshark.com/2015-UR-Benefit-Plan-Presentation-312911728>

or scan this image with your smart phone:



Wellness Program Referral Form

Fax to: Center for Employee Wellness (585) 461-4488



Please answer the following:

Is the patient a: ☐ UR employee ☐ Spouse/domestic partner of a UR employee

Does the patient have health insurance through the University of Rochester? ☐ Yes ☐ No

If you checked YES to both questions, the patient is eligible

Provider Name:

Provider Contact Name (Care Manager):

Office Phone #: - -

PATIENT INFORMATION:

Patient Name: Patient DOB: / /

Patient Contact #: - -
OR

E-mail Address: (If available)

CONDITION MANAGEMENT

Patient is diagnosed with the following condition(s): (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Chronic Low Back Pain |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Blood Pressure | |
| <input type="checkbox"/> COPD | <input type="checkbox"/> High Cholesterol | |

Specific areas of concern: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Education About Disease | <input type="checkbox"/> Medication Adherence |
| <input type="checkbox"/> Self Management | <input type="checkbox"/> Lifestyle Choices/Behavior Modifications |

LIFESTYLE MANAGEMENT

Patient would benefit from the following lifestyle programs: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Weight Loss and Diabetes Prevention | <input type="checkbox"/> Blood Pressure Management |
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Stress Reduction |
| <input type="checkbox"/> Cholesterol Management | <input type="checkbox"/> Tobacco Cessation |

Comments:

This document is proprietary and confidential. No part of this document may be disclosed in any manner to a third party without the prior written consent of University of Rochester.

AHP Provider Update Form

To update your information on file with AHP, use the form below and email to info@ahpnetwork.com or fax to 585-424-1268. Do not complete the entire form: only fill in the sections where your information has changed. *Denotes required fields. Contact Physician Relations at 585-758-7823 for assistance completing this form.

*Contact Information

Practice Name:	
Name of Person Completing Form:	
Phone Number:	Email Address:

*Type of Change/Update

<input type="checkbox"/> Address	<input type="checkbox"/> New Provider	<input type="checkbox"/> Phone Number
<input type="checkbox"/> Add New Location	<input type="checkbox"/> Departing Provider	<input type="checkbox"/> Fax Number
<input type="checkbox"/> Tax ID	<input type="checkbox"/> Accepting New Patients	<input type="checkbox"/> Other

*Effective Date of Change : _____

New Location/New Address/New Phone/New Fax Information

Is this:	
<input type="checkbox"/> New office location replacing prior location <input type="checkbox"/> Additional office location	
<input type="checkbox"/> New phone number <input type="checkbox"/> New fax number	
Street:	
City:	ZIP:
Appt. Phone Number:	
Private Phone Number:	
Fax Number:	

Provider Information

Is this:	
<input type="checkbox"/> A new provider to your practice <input type="checkbox"/> A provider leaving your practice	
<input type="checkbox"/> A change to accepting new patient status	
Name:	
NPI:	Specialty (new):
Is this provider accepting new patients: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital affiliation (new):	
Why is the provider leaving:	
<input type="checkbox"/> Moving out of state <input type="checkbox"/> Moving to another local practice <input type="checkbox"/> Other _____	

New Tax ID (please attach W-9)

New TIN:
Prior TIN: