



## **New Form to Change Existing Provider Information**

We developed a change form that you can use to update existing provider information such as:

- Billing and office address changes
- Tax ID changes
- Terminations from HAP
- Changes to patient accepting status
- Provider type or specialty changes or additions
- Transferring networks

For your convenience, the form is attached. You can also find it in two places when you visit [hap.org](http://hap.org):

- *I'm a Provider; Provider resources; Forms and other information*
- *Contact; Provider; Demographic changes, training & education; contracting & credentialing*

Simply download the form, complete it and then email to [providernetwork@hap.org](mailto:providernetwork@hap.org). Note: If you are part of a physician organization/physician hospital organization, do not send form directly to HAP. All changes must be submitted from your PO/PHO organization.

We are confident this form will provide a more efficient means of updating practice information.