Demographic Update Form – Individual (Rev. 02/2022)

To update information on an existing provider record, please complete and return this form and supporting documents via: EMAIL: David.Fishel@coniferhealth.com
FAX: 818-817-5178

Please contact David with any questions:
Phone: 310-210-5067

PROVIDER NAME: ______________________ **TIN:** ______________

Please check the appropriate change type and complete appropriate fields.

NAME CHANGE

New Name____ Effective Date:__________________

ADDRESS NEW (Please attach a copy of your W-9)

Applies to: ☐ Pay-To/Billing Address ☐ Practice Address Effective Date:__________________
Street/PO Box:____Phone:______________________________
City, State: ____Fax: _______________________________
Zip Code: ____ Email: ______________________________
Hours of Operation: ____
Is location accessible to persons with disabilities? ☐ Yes ☐ No

ADDRESS TERMINATION

Applies to: ☐ Pay-To/Billing Address ☐ Practice Address Effective Date:__________________
Street/PO Box:____Phone:______________________________
City, State: ____Fax: _______________________________
Zip Code: ____ Email: ______________________________

TIN CHANGE (Please attach a copy of your W 9 for new TIN)

New TIN:____ Effective Date:__________________
Terminate TIN:____ Effective Date:__________________

CONTACT INFORMATION NEW (Please attach a copy of your W-9)

Applies to: ☐ Pay-To/Billing Address ☐ Practice Address Effective Date:__________________
Email: ______________________________ Phone:_______________Fax: ________________________

CONTACT INFORMATION TERMINATE

Applies to: ☐ Pay-To/Billing Address ☐ Practice Address Effective Date:__________________
Email: ______________________________ Phone:_______________Fax: ________________________

PRACTICE PANEL Effective Date:

Accepting New Patients ☐ Commercial ☐ Humana HMO ☐ Humana PPO ☐ UHC PPO
Closed Panel-Existing Patients Only ☐ Commercial ☐ Humana HMO ☐ Humana PPO ☐ UHC PPO

CAQH # ____

REQUIRED SUBMITTER INFORMATION

Name of person completing this form: ______________________________ Date: ____________________
Email: ____ Phone:____________________