

# PROVIDER UPDATE / CHANGE FORM



This form should be used when changing a practitioner, location, phone or fax number, billing or email address, and office hours. Please email or mail to CCHP.

- Email to: [cchp-providerupdates@chw.org](mailto:cchp-providerupdates@chw.org)
- Mail to: CCHP Provider Relations  
P.O. Box 1997, MS 6280  
Milwaukee, WI 53201-1997
- Changes in a tax ID number or Group name require you to submit a W-9 form or IRS letter (SS4 or 147C). Please email those changes to: [cchp-contracting@chw.org](mailto:cchp-contracting@chw.org). (To email, file size not to exceed 4MB & types accepted: .doc; .docx; .rtf; .xls; .pdf.)

Effective date of change: \_\_\_\_\_

Type of Update

- Group  
 Practitioner

Type of change(s):

- Practitioner's Name  
 Add Practice Location  
 Term Practice Location  
 Billing  
 Other

## SECTION 1: OLD INFORMATION (Note: Changes for practitioners and/or providers through a group must be submitted by the group.)

Click here to enter text.

NAME OF PRACTITIONER / GROUP (INCLUDE LEGAL NAME DOING BUSINESS AS)

Click here to enter text.	Click here to enter text.	Click here to enter text.
FEDERAL TAX ID NUMBER	GROUP NPI	INDIVIDUAL NPI

### PRACTICE LOCATION

STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		

### BILLING ADDRESS

ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		

## SECTION 2: NEW INFORMATION (Only complete fields that has changed.)

Click here to enter text.

NAME OF ORGANIZATION (INCLUDE LEGAL NAME DOING BUSINESS AS)

### PRACTICE LOCATION

STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		

### BILLING ADDRESS

ADDRESS	CITY	STATE	ZIP
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PHONE NUMBER	FAX NUMBER
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**SECTION 3: HOURS OF OPERATION** (EXAMPLE: 8 a.m.)

*(List all days & hours your practice is open, i.e., M 8 am-5 pm; Tu 10 am- 5 pm; W 9am – 5 pm)*

Click here to enter text.

**SECTION 4: PERSON COMPLETING FORM**

NAME OF ORGANIZATION YOU REPRESENT		TITLE		
STREET ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	EMAIL ADDRESS			

**SECTION 5: ROSTER OF PRACTITIONERS / PROVIDERS PRACTICING WITH GROUP  
(ATTACH SEPARATE ROSTER SHEET)**

COMMENTS:



PO Box 1997, MS 6280  
Milwaukee, WI 53201-1997

[childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org)

Children's Community Health Plan is an HMO for BadgerCare Plus eligible children and adults living in Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, and Winnebago counties. A member of Children's Hospital and Health System.  
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