



75 Vanderbilt Avenue Staten Island, NY 10304 [www.centersplan.com](http://www.centersplan.com)  
 Phone: 884-292-4211 Fax: 718-581-5562  
 Email: [ProviderServices@CentersPlan.com](mailto:ProviderServices@CentersPlan.com)

## Demographic Update Form

This form is used to notify Centers Plan for Healthy Living of any service, billing, or mailing address change, as well as any changes to the facility or provider itself. Please complete this demographic update form and submit the information to [ProviderServices@centersplan.com](mailto:ProviderServices@centersplan.com) or fax the information to 718-581-5562.

Provider/Organization Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Individual NPI: \_\_\_\_\_

Group Name (if applicable): \_\_\_\_\_

Group NPI: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### **Contact:**

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### **Informational Change Type:**

<input type="checkbox"/> Change NPI (Provide NPI application submitted)	<input type="checkbox"/> Change in Specialty
<input type="checkbox"/> Change in Contact Person	<input type="checkbox"/> Change of Name (Facility, Group or Physician)
<input type="checkbox"/> Change in Contact Phone Number	<input type="checkbox"/> Change in Contact Email
<input type="checkbox"/> Add Provider	<input type="checkbox"/> Other

### **Provider Change Information:**

Please provide the change in information below to any of the cells checked off in the table above:

---



---



---



75 Vanderbilt Avenue Staten Island, NY 10304 www.centersplan.com  
 Phone: 884-292-4211 Fax: 718-581-5562  
 Email: ProviderServices@CentersPlan.com

**Address Change Type:**

<input type="checkbox"/> Change Billing Location	<input type="checkbox"/> Add Additional Service Location
<input type="checkbox"/> Change in Phone Number	<input type="checkbox"/> Change in General Fax Number
<input type="checkbox"/> Remove Service Location	<input type="checkbox"/> Change in Secure Fax Number
<input type="checkbox"/> Change Primary Location	<input type="checkbox"/> Other

**Old Address:**

Billing    Primary    Additional Service Location

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**New Address:**

Billing    Primary    Additional Service Location

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**\*\*If adding or removing multiple locations, please fill out a separate form for each location. If there is a change in billing information, please include an updated W-9 form to reflect the new billing information.**

**\*\*Please be advised that a TIN change cannot be made using this form. Please reach out to [ProviderContracting@centersplan.com](mailto:ProviderContracting@centersplan.com).**

Print Name and Title of Authorized Signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow up to 15 business days for your request to be processed.**