



BHI PROVIDER or FACILITY INFORMATION UPDATE FORM

Provider/Facility Name as currently known by BHI _____

Please answer the following if applicable.

- The office information has changed.
- The office has closed (no further services available at that location).
- The office information is new and **in addition** to previously known practice(s).
- I am no longer affiliated with the practice (practice remains in that location) but would like to be considered as a provider in my new location.

Please fill in only the following information that has changed.

Change practice information as of (date): _____

Practice Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number (for appointments): _____

Change billing information as of (date): _____

Pay-to Name (must match tax ID on file with IRS): _____

Payment Address: _____

City/State/Zip: _____

Billing or Claims Phone Number: _____

Tax ID (please include new W-9form) _____

The office hours for this practice have changed to:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

The practice now additionally sees the following age group(s):

Child _____ Adolescent _____ Adult _____ Geriatric _____

The practice no longer sees the following age group(s):

Child _____ Adolescent _____ Adult _____ Geriatric _____

Is the new office handicapped accessible? _____ The nearest bus stop is _____ blocks away?

I am unavailable for referrals beginning (date) _____ because (check one):

- I will be on vacation/sabbatical until (date): _____
- My practice is full until (date): _____
- I no longer see Medicaid consumers): _____
- Other (please specify): _____

Provider signature: _____ Date: _____

**Fax completed form (with W-9, if applicable) to: (720) 490-4395 or mail to Behavioral HealthCare, Inc.
155 Inverness Drive West, Suite 201 Centennial, CO 80112**