LifeWise

PROVIDER UPDATE FORM

Use this form to update your practice information and keep our provider directory current.
Send the completed form by email or fax 425-918-4937.
Check out our self-service tools at lifewise.com/provider.

GENERAL INFORMATION

Practice name: _____
Practice tax ID/EIN: _____
Organization NPI: _____
Credentialing email: _____
Primary office email: _____

Name of individual completing form:
_____
Individual's phone number: (_____) _____ - _____
Individual's email: _____

UPDATE TYPE
(check all that apply)

Change Applies to Entire Practice/Group	Change Applies to Specific Practice or Group Location(s)	Change Applies to Individual Provider(s)
☐ Change practice name ☐ Change of ownership, tax ID or organization NPI # ☐ Change payment/remit address ☐ Change credentialing address ☐ Change communications address	☐ Make changes to an existing location address ☐ Add a new practice location ☐ Remove a practice location	☐ Add or remove a practitioner ☐ Update an existing practitioner

Other (please specify the reason for submitting this form): _____
_____

Effective date of change: ____/____/_____

CHANGE OF PRACTICE NAME/OWNERSHIP/TAX ID CHANGE

☐ Change Practice Name

New name: _____

Previous name: _____

☐ Change of Ownership/Tax ID*   *Must submit a copy of the IRS SS-4 confirmation letter with this form.

New tax ID: _____
New NPI: _____

Previous tax ID: _____
Previous NPI: _____

UPDATE EXISTING ADDRESS INFORMATION

Change applies to (check all that apply):   ☐ Location   ☐ Payment   ☐ Credentialing   ☐ Communication

NEW INFORMATION:
Street (include suite/building #)
_____
City: _____ State: _____ ZIP: _____
Phone: (____) ____ - _____ Fax: (____) ____ - _____

PREVIOUS INFORMATION:
Street (include suite/building #)
_____
City: _____ State: _____ ZIP: _____
Phone: (____) ____ - _____ Fax: (____) ____ - _____

ADD OR TERM PRACTICE LOCATION(S) FROM ENTIRE GROUP							
ADD	TERM	CLINIC NAME OR DBA PRACTICE ADDRESS (INCLUDE SUITE/BUILDING #)	CITY	STATE	ZIP	PHONE	FAX
☐	☐						
☐	☐						
☐	☐						
☐	☐						

List practitioners with NPI to be added to above locations. If more space is needed, attach additional information.

NAME/NPI   NAME/NPI

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

ADD/REMOVE/UPDATE PRACTITIONER INFORMATION
To credential a new provider, see lifewise.com/provider/join-our-network.

Provider name: _____

Provider NPI: _____

List specialty if applicable (not licensure):

_____

Primary care (Y/N): _____

List in directory (Y/N): _____

Virtual health (Y/N): _____

Accepting new patients:

☐ Yes   ☐ No   ☐ Established only

Add Practitioner to Practice Location(s)	Remove Practitioner from Practice Location(s)
Assign practitioner to up to 5 locations (new to practice)	☐ Remove practitioner from all practice locations Reason for leaving: _____ ☐ Remove practitioner from the following practice locations:
Practice address (include suite/building #) _____ _____ _____ _____	Practice address (include suite/building #) _____ _____ _____ _____