HealthChoice   Oklahoma Department of Rehabilitation Services   DOC Department of Corrections Oklahoma

NETWORK CHANGE FORM

Last name, first name, MI (attach roster if necessary) or independent health or facility name

License type (if applicable)

Primary specialty

Secondary specialty

Federal TIN

Medicare number (if applicable)

NPI type I for practitioner

NPI type II for IHO/facility

Old physical address

Practice name

Street address

City, State, ZIP code

Phone

Fax

New physical address

Practice name

Street address

City, State, ZIP code

Phone

Fax

Old mailing address

Mailing name

Mailing address

City, State, ZIP code

Phone

Contact

Email address

New mailing address

Mailing name

Mailing address

City, State, ZIP code

Phone

Fax

Contact

Email address

Tax ID number

(Attach a completed W-9 Form)

TIN

NPI (Type I for provider, Type II for group/facility)

Effective date

Authorized signature

Mailing contact information will be utilized for all payments, legal and contractual notices as defined in section 12.2 of the provider contract and 11.1 of the facility contracts, as well as, payment related notices/documents. An email address must be included. All notices will be sent electronically.

Fax: (405) 717-8977 or (405) 717-8702
Email: EGID.NetworkManagement@omes.ok.gov