

**Instructions**

- Use this form to update your practice information and keep our provider directory current.
- To see your current listing, view the [Provider Directory](#).
- Send the completed form to [Provider.Relations@Premera.com](mailto:Provider.Relations@Premera.com) or fax: 425-918-4937.

**A. General information (required)**

Requestor's name	Practice name
Requestor's email address	Tax ID/ EIN
Requestor's phone – include area code	<b>Include a copy of current SS4/147C with this form.</b>

**B. Address changes**

Action requested. Select one. <input type="radio"/> Moving locations <input type="radio"/> Adding new location. Must complete Section B and C below.		Effective date of change ( <b>required</b> )	
If moving, previous location address. This address will be removed.			
<b>New location address. This must be a physical location. It cannot be a PO Box or Private Mailbox.</b>			
Street address			
City	State	ZIP code	
New location phone – include area code		New location fax – include area code	New location group NPI
New location name for the directory			
Telehealth/virtual care <input type="radio"/> In-office only <input type="radio"/> Telehealth only (address will be hidden from online directory) <input type="radio"/> Both			
<b>Remit/Pay to Address:</b>	Select one. <input type="radio"/> Same as new location <input type="radio"/> Separate address, complete below		
Street address or PO Box			
City	State	ZIP code	Pay to name
<b>Communication Mailing Address:</b>	Select one. <input type="radio"/> Same as new location <input type="radio"/> Same as remit <input type="radio"/> Separate address, complete below		
Street address or PO Box			
City	State	ZIP code	

<b>Credentialing Address:</b>	Select one. <input type="radio"/> Same as new location <input type="radio"/> Same as remit <input type="radio"/> Separate address, complete below		
Street address or PO Box			
City	State	ZIP code	Credentialing email

**C. Existing practitioners at new location. Attach additional sheets as needed.**

Effective date of change ( <b>required</b> )		
<b>Practitioner full name</b>	<b>NPI</b>	<b>Specialty</b>

**D. Add new practitioner to an existing location. Attach additional sheets as needed.**

Effective date ( <b>required</b> )			
Practitioner's full name		NPI	Specialty
Practitioner's primary location	Practitioner's secondary location	Accepting new patients – select one <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Established patients only	
<b>Select one for each category:</b>			
Primary care provider (PCP?)	<input type="radio"/> Yes	<input type="radio"/> No	
List in directory?	<input type="radio"/> Yes	<input type="radio"/> No	
Virtual health?	<input type="radio"/> Yes	<input type="radio"/> No	
Associate level behavioral health practitioner?	<input type="radio"/> Yes	<input type="radio"/> No	

**E. Terminations**

Requested termination date ( <b>required</b> )	Termination reason ( <b>required</b> )
<b>Termination type - select one</b>	
<input type="radio"/> Contract, including all locations and practitioners under the contract <input type="radio"/> Location(s). Enter the complete address(es).	
<input type="radio"/> Practitioner only - enter full name	NPI
This practitioner will be leaving all locations under this TIN: <input type="radio"/> Yes <input type="radio"/> No. Specify locations:	