

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 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	Include a copy of current SS4/147C with this form.

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 (required)	
If moving, previous location address. This address will be removed.			
New location address. This must be a physical location. It cannot be a PO Box or Private Mailbox.			
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			
Remit/Pay to Address:	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
Communication Mailing Address:	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 Address:	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 (required)		
Practitioner full name	NPI	Specialty

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

Effective date (required)		
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
Select one for each category:		
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 (required)	Termination reason (required)
Termination type - select one	
<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:	