INTEGRIS HEALTH Partners

Provider Add/Change Form

Instructions: Please enter required (*) information in the first section of this form. Check the appropriate box below and complete the corresponding section. Complete one form for each provider that needs updated.
If you are **Adding A Location** large group, enter "see attached list" in the name field. Then, you may attach a list of provide who will needed to be listed with this location.

Return to: IHPCredentialing@integrishealth.org

☐ **Add Provider** – request to add a new provider, with INTEGRIS Privileges*, to the IHP Network. If the provider does not have privileges at INTEGRIS, please complete the Participation Request Form.

☐ **Add a location** – request to add a location to an existing IHP provider.

☐ **Change Provider Information** – request to update information on a current location and/or provider.

<table>
<tr><th colspan="4">Add Provider/Change Provider Information
Please complete this section, send a W9, and a malpractice certificate.</th></tr>
<tr><td colspan="4">*Name:</td></tr>
<tr><td colspan="2">*Medical Degree:</td><td colspan="2">Specialty:</td></tr>
<tr><td colspan="4">Legal Group Name (as listed on w9):</td></tr>
<tr><td colspan="4">Office Name:</td></tr>
<tr><td colspan="4">Supervising Physician (APPs Only):</td></tr>
<tr><td colspan="2">Office/Physical Address:</td><td colspan="2">Mailing Address: (if different)</td></tr>
<tr><td colspan="2">Primary Telephone:</td><td colspan="2">Primary Fax:</td></tr>
<tr><td colspan="2">Location Start Date: (This is for documentation purposes. This will not be the provider's effective date.)</td><td colspan="2">Languages Spoken:</td></tr>
<tr><td colspan="2">*Provider NPI:</td><td colspan="2">EMR: (Please list which EMR you use)</td></tr>
<tr><td colspan="4">Tax ID: (for claims payment):</td></tr>
<tr><td colspan="2">Primary Email: (Provider)</td><td colspan="2">Office Manager Name and Email:</td></tr>
<tr><td colspan="2">Credentialing Contact Name:</td><td colspan="2">Credentialing Contact Email:</td></tr>
<tr><td colspan="4">Hospital Privileges:</td></tr>
<tr><td>Office Hours:</td><td>Accepting New Patients?
Yes No</td><td>Age Range of Patients:</td><td>PCP?
Yes No</td></tr>
<tr><td colspan="3">Is your practice on good standing with state and federal regulatory bodies? Yes No</td><td>Date of last survey:</td></tr>
</table>

Integris Health Partners

Add A Location

Add a location to an existing IHP provider or additional locations for a new provider.

Additional Locations Group Name:	Location Start Date: (This is for documentation purpose. This will not be providers start Date)	
Address of location:		
Tax ID: (for claims payment)		
Office Hours:	Age of Patients Accepted:	PCP: Yes No
Is your practice on good standing with state and federal regulatory bodies? Yes No		Date of last survey:

Additional Locations Group Name:	Location Start Date: (This is for documentation purpose. This will not be providers start Date)	
Address of location:		
Tax ID: (for claims payment)		
Office Hours:	Age of Patients Accepted:	PCP: Yes No
Is your practice on good standing with state and federal regulatory bodies? Yes No		Date of last survey:

Attestation:	
Form Completed By:	Title:
Date:	
Please ensure you have attached the following item: ☐ Complete W9 ☐ Current Malpractice Certificate	

* If you are using this form the apply for IHP through your hospital privileges, please note that the information provided to INTEGRIS Health, Inc. for the purpose of privileging may be shared with IHP to fulfill their credentialing requirements. As a provider or applicant of IHP, you have certain rights and protections during the IHP credentialing and re-credentialing process. You can find more information on these rights by visiting https://integrishealth.org/ihp/prospective-providers and reading the IHP Credentialing Plan, Policies, and Procedures. If you have any questions regarding IHP Credentialing, feel free to contact IHPCredentialing@integrishealth.org. Please note that the INTEGRIS Hospital bylaws to which you are applying may differ from the IHP Credentialing Plan Policies and Procedures.