

Requesting to Update Practice Location
Please use this form to add, term or update a practice location, email the form to credentialing@credmaxpdm.com.

Group Tax ID Gro		Group Name	oup Name		
Please mark the update you are requesting and complete the corresponding section of the form.					
Add New Location			Term Practice Location	on Update Practice Info	
Requesting to Add New Location					
Practice Name				Practice Phone Number	
Group NPI		Practice Add	Practice Address		State & Zip Code
Practice Hours				Group Specialty	
List Providers Joining Location: If more than 10, provide an excel with Name, Title & NPI of providers.					
Provider First Name		Provider Las	Provider Last Name		Provider NPI
Requesting to Term Practice Location					
Practice Name				Practice Term Date	
Practice Address	}	City		State	Zip Code