



## Provider Updates Request

Please complete this form and email it to [credentialing@credmaxpmd.com](mailto:credentialing@credmaxpmd.com).

<b>Primary Contact Name:</b>	<b>Primary Contact Email:</b>	<b>Today's Date:</b>	
<b>Please mark the update you are requesting and complete the corresponding section of the form.</b>			
<input type="checkbox"/> Add New Provider <input type="checkbox"/> Term Provider <input type="checkbox"/> Update Provider Info <input type="checkbox"/> Update Group Info			
<b>Requesting to Add New Provider</b>			
<b>Group Tax ID</b>	<b>Group NPI</b>	<b>Group Name</b>	
<b>Provider First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>Start Date</b>
<b>Date of Birth</b>	<b>SSN</b>	<b>NPI</b>	<b>Specialty</b>
<b>CAQH ID</b>	<b>CAQH Username</b>	<b>CAQH Password</b>	<b>If PCP, Panel Status</b>
			<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> N/A
<b>Primary Practice Name</b>			
<b>Primary Practice Address</b>			
<b>Added Practice Name</b>			
<b>Added Practice Address</b>			
<b>Requesting to Add Term Provider</b>			
<b>Group Tax ID</b>	<b>Group NPI</b>	<b>Group Name</b>	
<b>Provider First Name</b>	<b>Last Name</b>	<b>NPI</b>	<b>Term Date</b>

### Required Documents: Adding a New Provider

Medical Doctors	Mid-Level/CRNA Providers
<input type="checkbox"/> Medical License	<input type="checkbox"/> Medical License
<input type="checkbox"/> Board Certificate (If Applicable)	<input type="checkbox"/> Board Certificate (If Applicable)
<input type="checkbox"/> DEA	<input type="checkbox"/> Malpractice Insurance
<input type="checkbox"/> Medical School Diploma	
<input type="checkbox"/> Internship/Residency Certificate	
<input type="checkbox"/> Fellowship Certificate (If Applicable)	
<input type="checkbox"/> Malpractice Insurance	



## Requesting to Update Group

Please Mark All Updates Requested. Please check all that apply, if your change is not listed below, please email [credentialing@credmaxpdm.com](mailto:credentialing@credmaxpdm.com) with your request.

<input type="checkbox"/> Group Name <input type="checkbox"/> Group Tax ID <input type="checkbox"/> Practice Name <input type="checkbox"/> Practice Address	<input type="checkbox"/> Primary Contact Information <input type="checkbox"/> Group NPI <input type="checkbox"/> Practice Contact Information <input type="checkbox"/> Remit Address
<b>Current Group Name</b>	<b>New Group Name</b>
<b>Current Group Tax ID and NPI</b>	<b>New Group Tax ID and NPI</b>
<b>Current Practice Name</b>	<b>New Practice Name</b>
<b>Current Practice Address</b>	<b>New Practice Address</b> (No Documents Needed)
<b>Current Primary Contact Info</b>	<b>New Primary Contact Info</b> (No Documents Needed)
<b>Current Practice Contact Info</b>	<b>New Practice Contact Info</b> (No Documents Needed)
<b>Current Remit Address</b>	<b>New Remit Address</b>

### Required Documents: Updating Group

Group Required Docs
<input type="checkbox"/> Proof of Legal Group Name Change
<input type="checkbox"/> Updated W9
<input type="checkbox"/> Bank Letter (Updating Remit Address)



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Please Mark All Updates Requested. Please check all that apply, if your change is not listed below, please email [credentialing@credmaxpdm.com](mailto:credentialing@credmaxpdm.com) with your request.

<input type="checkbox"/> Provider Name <input type="checkbox"/> Update Primary Practice <input type="checkbox"/> Add Practice Address <input type="checkbox"/> Remove Practice Address	<input type="checkbox"/> Provider Contact Information <input type="checkbox"/> Update Provider Specialty <input type="checkbox"/> Update Provider Panel Status <input type="checkbox"/> Remit Address
<b>Current Provider Name</b>	<b>New Provider Name</b>
<b>Current Provider Contact Info</b>	<b>New Provider Contact Info</b>
<b>Current Primary Practice</b>	<b>New Primary Practice</b>
<b>Current Provider Specialty</b>	<b>New Provider Specialty</b>
<b>Added Practice Address</b> (No Documents Needed)	<b>Remove Practice Address</b> (No Documents Needed)
<b>Current Provider Panel Status</b>	<b>New Provider Panel Status</b> (No Documents Needed)
<b>Current Remit Address</b>	<b>New Remit Address</b> (No Documents Needed)

### Required Documents: Updating Provider

Group Required Docs
<input type="checkbox"/> Proof of Legal Name Change
<input type="checkbox"/> Updated Education Requirements
<input type="checkbox"/> Updated Board Certification
<input type="checkbox"/> Updated Medical License