

# Provider Information Change Form

Return to: Tufts Health Plan  
 Provider Information Department  
 705 Mount Auburn Street  
 Watertown, MA 02472  
 Fax: 617-972-9044

\* Indicates required field

*Contact's Name _____	*Contact's Phone _____
*Provider Name _____	
*Provider ID _____	*Provider Unit Affiliation _____
*Effective Date of Change _____	
*Reason for Change _____	
*Check all that apply: <input type="checkbox"/> Commercial <input type="checkbox"/> Tufts Health Plan Medicare Preferred	
*Languages spoken by Provider: _____	

Type of Change	Current Information	New Information
<input type="checkbox"/> Address	_____	_____
<input type="checkbox"/> Practice <input type="checkbox"/> Payment <input type="checkbox"/> Mailing	_____	_____
<input type="checkbox"/> Telephone #	_____	_____
	Handicap Access <input type="checkbox"/> Yes <input type="checkbox"/> No	Handicap Access <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Name Change	_____	_____
<input type="checkbox"/> Tax ID Number (W9 form required)	_____	_____
<input type="checkbox"/> Panel Restrictions/Closings/Opening	_____	_____
<i>Commercial Only. For Tufts Health Plan Medicare Preferred panel closings, fax your request to Network Contracting &amp; Performance Management Dept. at 617-972-1008.</i>		
<input type="checkbox"/> Specialty/Board Certification	_____	_____
Please circle:	Certified Y/N    Eligible Y/N	Certified Y/N    Eligible Y/N
<input type="checkbox"/> Covering Providers	PLEASE ATTACH A LIST	
<input type="checkbox"/> Office Hours	_____	_____
<input type="checkbox"/> Other	_____	_____

\*Provider's Signature \_\_\_\_\_ \*Date \_\_\_\_\_

Updates are posted to the Web site on a daily basis. Please check the Web site first and if not updated within 7-10 business days, call the Provider Information Department at 617-972-9495 to verify that your request was received and the changes are accurately reflected in the system.

For PI Dept. Internal Use Only: PI Specialist _____	Date _____
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