

Medicare Advantage Non-Credentialed Practitioner Change Form

INSTRUCTIONS

- Change demographic data for non-credentialed practitioners and specialists such as anesthesiologists, audiologists, CRNAs, dietitians, ER physicians, occupational therapists, physical therapists, speech therapists, pathologists, and radiologists. Check with the facility if unsure if a practitioner is a non-credentialed type.
- All changes must be submitted at least 30 calendar days prior to effective date. Missing information may cause delays in updates.
- For status checks and questions on how to fill out the form, please contact Aspirus Health Plan's Provider Assistance Center at 715-631-7412 or toll free at 1-855-931-4851.

Email the completed form to demographicupdatesMA@aspirushealthplan.com.



Non-Credentialed Practitioner Change Form

CONTACT INFORMATION

Completed and authorized on behalf of the practitioner by:

Name:

Title:

Location Name:

Phone:

Fax:

Email:

CHANGE NON-CREDENTIALLED PRACTITIONER DEMOGRAPHIC INFORMATION

Additional practitioners can be added on the last pages.

Last Name:

Old Last Name:

First Name:

Middle Initial:

Date of Birth:

Gender: Female: Male:

Specialty:

NPI:

Moonlighting:

Hospitalist:

Locum Tenon:

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):



Non-Credentialed Practitioner Change Form

OTHER INFORMATION:

Comments (Additional Information):

By signing this form below, you validate that the above information is accurate and true to the best of your knowledge.

Signature:

Non-Credentialed Practitioner Change Form

ADDITIONAL PRACTITIONER #2

Last Name:

Old Last Name:

First Name:

Middle Initial:

Date of Birth:

Gender: Female: Male:

Specialty:

NPI:

Moonlighting:

Hospitalist:

Locum Tenon:

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):

Non-Credentialed Practitioner Change Form**ADDITIONAL PRACTITIONER #3****Last Name:****Old Last Name:****First Name:****Middle Initial:****Date of Birth:****Gender:** Female: Male:**Specialty:****NPI:****Moonlighting:****Hospitalist:****Locum Tenon:****DEA:****Title:** MD: DO: DDS: DC: DPM: PhD: Other:**Practicing Specialty:****Taxonomy:****Degree:****License Number:****State:****Effective Date** (cannot be older than 18 months):

Non-Credentialed Practitioner Change Form

ADDITIONAL PRACTITIONER #4

Last Name:

Old Last Name:

First Name:

Middle Initial:

Date of Birth:

Gender: Female: Male:

Specialty:

NPI:

Moonlighting:

Hospitalist:

Locum Tenon:

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):

Non-Credentialed Practitioner Change Form

ADDITIONAL PRACTITIONER #5

Last Name:

Old Last Name:

First Name:

Middle Initial:

Date of Birth:

Gender: Female: Male:

Specialty:

NPI:

Moonlighting:

Hospitalist:

Locum Tenon:

DEA:

Title: MD: DO: DDS: DC: DPM: PhD: Other:

Practicing Specialty:

Taxonomy:

Degree:

License Number:

State:

Effective Date (cannot be older than 18 months):