PerformCARE®
8040 Carlson Road
Harrisburg, PA 17112

Provider Data Update Form

Accuracy of information is critical to the effectiveness and efficiency of the network. All changes including services provided, site locations opening or closing, phone number changes should be reported as soon as possible.

Provider Name:

Contact Person (if any questions regarding this change):

Effective Date of change (s):

Medicaid ID number (include Type/Specialty):

Type of change:

New Address:

Address:

City, State, Zip:

Phone:

Fax:

Contact Person:

Site Handicap Accessible: Yes ☐ No ☐

Old Address:

Address:

City, State, Zip:

Provider/Practitioner Termination:

Name of Provider/Practitioner to be terminated:

Have all claims been submitted for the provider/practitioner being terminated? Yes ☐ No ☐

***If claims have not been submitted, please indicate a date when this will be completed:**

Services to be added to provider profile:

Services to be removed from provider profile:

Changes to population served:

Tax ID Change:

Tax ID Change: Yes ☐ N o ☐

Old Tax ID#:

New Tax ID#: