



# Practitioners/Group/Ancillary – Update Form

Please complete all applicable sections and required fields. Upon completion, please email to: [MedicaidProviderOperations@healthspring.com](mailto:MedicaidProviderOperations@healthspring.com)

## Practitioner/Group/Facility Information\* Attach Roster if Needed

Practitioner/Group/Facility Name\*:

Today's Date\*:

Existing/Old NPI\*:

Existing/Old TIN\*:

CAQH #:

Provider Type\*:  Ancillary  Behavioral Health  Facility  Nursing Facility  PCP  Specialist  Hospitalist

## Contact Information

Contact Name\*:

Contact Phone Number\*:

Contact Email Address\*:

Contact Fax Number:

## Type of Request (Check all that apply) \*

Address Change \*W-9 Required

Mailing Address Change \*W-9 Required

Billing Address Change

Service Location Change

Adding Additional Service Locations

Change of Ownership – Tax ID Number & NPI changing \*W-9 Required

TIN Change Only \*W-9 Required

NPI Change Only

Name Change Only

Other

## New Practitioner/Group/Facility Information (Please complete all applicable sections & attach additional documents if needed) \*

New Name:

Future Effective Date:

New Address:

Check All Applicable:

Mailing Address

Billing Address

Service Address

Adding Specialty:  Yes  No

If yes\*, please list:

New NPI#:

New TIN#:

Is practitioner joining a group of providers?  Yes  No

Group Name:

Group TIN:

Group NPI:

Group Address:

Other Comments:

**For any questions or to check status of your request, please contact our Provider Services department at 1-877-653-0331.**

Once form is submitted via email, Cigna-HealthSpring (CHS) will review and notify you of next steps within 30 business days. **Please Note:** Retroactive effective dates will not be approved. Requesting, obtaining or submitting this change form does not imply that the changes have been processed in the CHS database, nor does it entitle you to payment of services rendered to a CHS member. All providers are subject to CHS credentialing requirements and applicable state and federal guidelines as set forth in the CHS provider agreement.

2208 Highway 121 Suite 210, Bedford, TX 76021 Phone: 1-877-653-0331 <http://starplus.cignahealthspring.com>

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