

	Contracted Entity Update Form		SCHA # 5073 v5 (12/2023)
	Submit Fax Request to: 507-444-7774 Or Email to: providerinfo@mnscha.org	Or Mail to: South Country Health Alliance Attn: Contracting 6380 West Frontage Road Medford, MN 55049	SCHA Provider Network 866-722-7770

CHANGES MUST BE SUBMITTED WITHIN 30 DAYS PRIOR TO THE CHANGE EFFECTIVE DATE.

Incomplete Contracted Entity Update Form or missing W-9 Form will delay the change process.

Please submit a W-9 with your new tax identification number, legal name and/or billing address changes with this completed form.

Contracted Entity Name:	
Effective Date of Change:	
Tax ID Number:	Organizational NPI or UMPI:

Provider's Change Information:

(Please check all information that is applicable and complete the information below.)

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|--|--|--|
| <input type="checkbox"/> Physical Address Location | <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Billing Address |
| <input type="checkbox"/> NPI Number | <input type="checkbox"/> Phone Number | <input type="checkbox"/> Legal Name or add/remove a "dba" |
| <input type="checkbox"/> Tax ID Number | <input type="checkbox"/> Fax Number | <input type="checkbox"/> Contract Contact Person Information |
| <input type="checkbox"/> Other Changes: | | |

Previous Information:

New Information:

Legal Name:			Legal Name:		
Tax ID:			Tax ID:		
NPI or UMPI:			NPI or UMPI:		
Address:					
City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:		
Fax:			Fax:		
Hours:			Hours:		
Contract Contact Name:			Contract Contact Name:		
Contract Contact Email:			Contract Contact Email:		
Contract Contact Phone:			Contract Contact Phone:		
Other:			Other:		

Comments:

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Completed By:	Date:
Contact Person's Phone Number:	Email Address:

