

PROVIDER STATUS CHANGE FORM

- Please complete this form in its entirety specific to the change(s) you are requesting. Incomplete forms may result in processing delays. **EXTREMELY IMPORTANT:** The information on this form is used to maintain provider data in the Echo credentialing/provider enrollment database which is the direct feed source for EPIC Provider Information, Find-A-Physician, health plan reporting, etc. Failure to notify Medical Staff Services of changes in a timely manner will result in inaccurate provider information throughout the Healthcare system.
- If you need help while completing this form please contact Diana Bies, Medical Staff Coordinator, at 508-334-8014
- **NOTE: All fields that are outlined in RED need to be complete to submit the form.**

Date of Submission:

Submitted by:

Other Contacts to be included on correspondence

Phone:

Provider Name:

Last:

First:

Middle:

Department:

Division:

NOTE: For Existing Providers requiring initial provider enrollment please submit a New Provider Notification (NPN) form instead of this Provider Status Change Form.

Check Type of Change Being Requested and Then Complete the Corresponding Section # Below

1-Address/Phone/Fax	5-Effective/Start Date	9-Panel Status	13-Staff Category
2-Billing Area	6-Email or Pager	10-Practice type	14-Supervising Physician
3-Clinical Interest	7-Leave of Absence	11-Resignation or Withdrawn App	15-Title, Academic
4-Department/Section	8-Name Change	12-Specialty	16-Title, Administrative
17-Affiliations/Privileges at Other Facilities			

****If your change does not correspond to one of these sections, please use the comments box at the bottom of this form.**

Section 1: ADDRESS CHANGES

Effective Date of Change:

- Patient care address, as it applies to affiliation with UMass Memorial Healthcare.
- If provider has a practice that is unrelated to UMass Memorial affiliation, it should be listed as an "Affiliation" rather than a UMass Memorial related patient care address.
- UMass Memorial patient care addresses will appear in EPIC and on Find-A-Physician for eligible providers.

1.

Add Remove

Site Location Legal Name - or -

Select Practice Address

- or - address not in list:

Practice Phone

Patient Care Information Fax

Administrative Fax

Will this address also be used for: Find-A-Physician?

Administrative Address?

Payer Directories?

Will appointments be scheduled at this location?

2.

Add Remove

Site Location Legal Name - or -

Select Practice Address

- or - address not in list:

Practice Phone

Patient Care Information Fax

Administrative Fax

Will this address also be used for: Find-A-Physician?

Administrative Address?

Payer Directories?

Will appointments be scheduled at this location?

3. Add Remove

Site Location Legal Name - or -

Select Practice Address

- or - address not in list:

Practice Phone Patient Care Information Fax Administrative Fax

Will this address also be used for: Find-A-Physician? Administrative Address? Payer Directories?

Will appointments be scheduled at this location?

4. Add Remove

Site Location Legal Name - or -

Select Practice Address

- or - address not in list:

Practice Phone Patient Care Information Fax Administrative Fax

Will this address also be used for: Find-A-Physician? Administrative Address? Payer Directories?

Will appointments be scheduled at this location?

Section 2: BILLING AREA

Effective Date:

Add

Discontinue

CAP Enrollment:

If applicable, please complete additional sections on Address Change (Add/Remove), Department/Division Change, and any others that apply for change in Billing Areas.

Section 3: CLINICAL INTEREST (No more than 3 Clinical Interests may be listed)

Add:

Remove:

Section 4: DEPARTMENT / DIVISION

Effective Date:

Department: Add Remove

Division: Add Remove

Section 5: EFFECTIVE / START DATE

New Date:

Section 6: EMAIL OR PAGER

Email (professional)

Email (personal)

Pager (short range)

Pager (long range)

Section 7: LEAVE OF ABSENCE

Effective Date: Anticipated Return Date:

Medical Military Sabbatical Other:

Note: Leaves of absence for more than one year require that the provider submit a new appointment application on return.

Section 15: TITLE, ACADEMIC

Add Academic Title:
Remove Academic Title:

Section 16: TITLE, ADMINISTRATIVE

Add Administrative Title:
Remove Administrative Title:

Section 17: AFFILIATIONS/PRIVILEGES AT OTHER FACILITIES

ADD PRIVILEGES AT MEMBER/OTHER HOSPITAL Effective Date:
REMOVE PRIVILEGES AT MEMBER/OTHER HOSPITAL Effective Date:

Ambulatory Surgery Center	eICU	HealthAlliance-Clinton	Marlborough	TaraVista*	Beaumont
Baystate	Fairlawn	Heywood	Milford	Vibra	Shrewsbury NSG
Davita	Family Health Center	Holy Family*	St. Elizabeth's*	Whittier	Meadows
Day Kimball	Harrington	Kennedy*	Sturdy*	Wingate	Willows
Telestroke	Fresenius	Hospital at Home			
Other UMMHC Related Affiliation:					

***UMMMC Medical Staff Services does NOT initiate the credentialing process, it is handled directly by that facility**

COMMENTS

SUBMIT FORM & ADD ATTACHMENTS

An E-Mail window will pop-up. It will attach your PSC Form – Please add any other attachments to that email & Click SEND to submit.
Please be patient this can take up to 1 minute to appear. Thank you.
NOTE: If you get an error when submitting check that all fields outlined in RED are complete.