

Changes in PCMH Provider Information

Instructions:

Use this form to report changes to your general Patient-Centered Medical Home (PCMH) information.

GENERAL PCMH INFORMATION				
Office Administrator Name:		Phone Number:		Date:
Practice Name:				Tax ID:
Regional Provider Number:	Medical Panel Number:	Medical Panel	Virtual Panel	Collaborative Panel
DESIGNATED PROVIDER REPRESENTATIVE (DPR) CHANGE				
Previous DPR First and Last Name:				
New DPR First and Last Name:				Effective Date:
New DPR Address:				
New DPR Email Address*:		New Phone Number:		
New DPR Signature:				Date of Signature:
PORTAL ADMINISTRATOR (PPA) CHANGE (MUST BE COMMUNICATED BY THE OFFICE ADMINISTRATOR)				
Previous PPA First and Last Name:				
New PPA First and Last Name (Print):				Effective Date:
New PPA Address:				
New PPA Email Address*:		New Phone Number:		
AUTHORIZED SIGNATURE				
Signature:				
Title:		Date:		

Important Note: If a practice is joining or forming a new PCMH medical panel, an enrollment packet must be completed, including attachment A, attachment B and the contract addenda. Forms can be found on carefirst.com/pcmhinfo. Completed forms should be returned to PCMH@carefirst.com or faxed to 410-781-7638.

* Email addresses starting with sales@, info@, webmaster@, etc. are considered role accounts and are blocked from our system. Please provide your business or practice email address when entering your information. You will not be able to access our system without your business or practice email address.