

Changes in PCMH Provider Information

Instructions: Use this form to report changes to your general PCMH information.

| GENERAL PCMH INFORMATION | | | |
|--------------------------------------------------------------------------------------|---------------------------|--------------------------|------------------------------------------------------------------------------------------|
| Office Administrator Name: | | Phone Number: | Date: |
| Practice Name: | | Tax ID: | |
| Panel Administrator Name: | Regional Provider Number: | Medical Panel Number: | <input type="checkbox"/> Medical Panel <input type="checkbox"/> Virtual Medical Panel |
| DESIGNATED PROVIDER REPRESENTATIVE (DPR) CHANGE | | | |
| Previous DPR First and Last Name: | | | |
| New DPR First and Last Name (Print): | | Effective Date: | |
| New DPR Address: | | New Phone Number: | |
| New DPR Email Address*: | | | |
| New DPR Signature: | | Date of Signature: | |
| PANEL ADMINISTRATOR (PA) CHANGE | | | |
| Previous PA First and Last Name: | | | |
| New PA First and Last Name (Print): | | Effective Date: | |
| New PA Address: | | | |
| New PA Email Address*: | | New Phone Number: | |
| 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 an attachment A, attachment B, and the contract addenda. Forms can be found on www.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 a personal (individual) email address when entering your information.*