



700 Main Street, #100
 Alamosa, CO 81101
 (719) 589-3696
 fridayhealthplans.com

Provider Add/Change/Term Notice

E-mail credentialing@fridayhealthplans.com or fax to the Credentialing Department at (719) 589-4901

Practice Information (required information)

Name of Practice	TIN
Contact Name	Phone
Contact E-Mail	Fax

Physical Address Change
 Payment Address Change
 Mailing Address Change
 Phone Number Change
 Adding New Location
 Closing Practice Location

Indicate the new information below or attach information on a separate sheet

Address

City _____ State _____ Zip _____

Phone _____ Fax _____ **Effective Date** _____

Provider Addition
 Provider Termination
 Specialty Change

Indicate the new information below or attach information on a separate sheet

Last Name	First Name	Middle
CAQH	NPI	DOB
Specialty	Effective Date	
Office Location(s) - Address		
City	State	Zip
Phone	Fax	
Remarks		
Is provider hospital-based? <input type="checkbox"/> Yes <input type="checkbox"/> No		

***Provider CAQH accounts must be up to date with supporting documents or there will be a delay in credentialing.**