

**BIDCO PROVIDER CHANGE/TERMINATION FORM**

Please provide as much advance notice as possible for all changes. Fax this form to your Credentialing Specialist at (617)754-1040.

**PROVIDER / GROUP NAME** \_\_\_\_\_

**TYPE OF CHANGE (Check all that apply)**

- Name Change
- Phone Number Change
- Changing from HMFP to API or API to HMFP
- Address Change  
Practice/Billing (Circle one or both)
- Fax Number Change
- Terminating from BIDCO
- Tax ID change
- Status Change:  
PCP, Specialist, PCP/Specialist
- Panel Change  
Open / Close (Circle one)
- Adding a Practice Location
- Other \_\_\_\_\_

**DESIRED EFFECTIVE DATE:** \_\_\_\_\_ (Note that the effective date cannot be back dated. Some plans may require up to 60-90 days before a change may become effective.)

**INFORMATION TO BE CHANGED**

**OLD INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEW INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*MANDATORY INFORMATION\*\*\***

**If the provider is terminating from BIDCO, are they:**

- Joining another Risk Unit
- Joining another BIDCO practice
- Moving out of the greater Boston area. If yes, moving where? \_\_\_\_\_
- If physician is a PCP, who will be taking over patient panels? \_\_\_\_\_

**If terminating from HMFP, will this provider continue to remain on the staff of BIDMC?**  Yes  No

**Will this provider be remaining linked to your group for any reason (i.e. covering, moonlighting, etc)?**  Yes  No

Please explain: \_\_\_\_\_

**Please provide any details that you believe will be important to this change:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person requesting change (please print): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date