



Confidential

10201 W Innovation Drive
Wauwatosa WI 53226
(800) 963-0035
Fax: (608) 245-3844
www.mychoicewi.org

Provider Information Update Form

Please note this is not a credentialing application. If credentialing is required for a practitioner, a My Choice Wisconsin staff member will reach out to begin the credentialing process.

Organizational Information

Contracted Entity Name	
Form Submitted by – Name & Title	
Email Address	Taxpayer ID (TIN, FEIN)
Phone Number	Fax Number

Reason for Update: Please provide additional information in specified sections.

- | | |
|---|--|
| <input type="checkbox"/> Contact Information Change (Section 1) | <input type="checkbox"/> Practitioner Change (Section 2) |
| <input type="checkbox"/> Tax ID Change (Section 1) | <input type="checkbox"/> Service Location Change (Section 3) |
| <input type="checkbox"/> Legal Name Change (Section 1) | |

UPDATED ORGANIZATIONAL INFORMATION (Section 1)

Complete only applicable fields that require change.*Please attach a current W9 for Tax ID change and billing address.

Effective date for below changes:

New Legal Name as indicated on W9	New Taxpayer ID (TIN, FEIN)
New Billing Address (Include City, State & Zip Code)	County
New Mailing Address (Include City, State & Zip Code)	County

Contact Type: Billing-Credentialing-Corporate-Contracting	
New Phone Number	New Fax Number
New Contact Name	New Contact Title
New Contact Phone Number	New Contact Fax Number
New Contact Email Address	

Questions? Please contact our Provider Services Department at 1-800-963-0035



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UPDATED PRACTITIONER INFORMATION (Section 2)

*If adding a new practitioner, please complete the 'Additional Practitioner Form.'

Last Name	First Name	Middle Name
NPI	Primary Specialty	Additional Specialty
Degree	Accepting New Patients? Y/N	Primary Care Provider? Y/N

Reason for update: Select all that apply

- ☐ Practitioner Leaving Location
- ☐ Practitioner Changing Location
- ☐ Practitioner Leaving Practice
- ☐ Practitioner Death
- ☐ Practitioner Retirement
- ☐ Name Change
- ☐ Other:

Effective Date:

Old Location:

New Location:

New Practitioner Name:

SERVICE LOCATION CHANGE (Section 3)

To update information regarding your service location, or a location move please complete the below.

*To add a brand new location to our network, please complete the 'Additional Location Form.'

Effective date for below changes:

Old Location Name		Old Taxpayer ID (TIN, FEIN)
Old Address (Include City, State & Zip Code)		County
Old Phone Number	Old Fax Number	Old NPI
Old Contact Name & Title		Old Contact Email Address

New Location Name		New Taxpayer ID (TIN, FEIN)
New Address (Include City, State & Zip Code)		County
New Phone Number	New Fax Number	New NPI
New Contact Name & Title		New Contact Email Address
Print in Directory? Y/N		Handicap Accessible? Y/N
Medical Records Fax Number		

Please return your completed form to our Provider Services Department:

By Fax: 608-245-3844 – Attn: PS Provider Updates

By Email: pscs@mychoicewi.org – Subject: Provider Update Form

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