

Highmark Facility/Ancillary Change Form

Completion of this form does not replace any additional obligations contained in an applicable agreement including, without limitation, any and all notification requirements on the part of the provider.

* indicates mandatory field

Contracted Entity Name(s) * (Legal name used on existing Highmark contract (associated TIN, associated NPI))

Detailed Description of Change* (Please attach all documents relevant to this change)

Supplemental Information about the Change (Check all that apply)*

<input type="checkbox"/>	Additional Location(s)	<input type="checkbox"/>	Other Change in Control or Ownership
<input type="checkbox"/>	Bankruptcy	<input type="checkbox"/>	Stock Sale(s)
<input type="checkbox"/>	Consolidation	<input type="checkbox"/>	Changed Location(s) or Services
<input type="checkbox"/>	Conversion (e.g. LLC to LP)	<input type="checkbox"/>	Are the Highmark Contracts an excluded asset in the transaction?
<input type="checkbox"/>	Legal/DBA Name Change	<input type="checkbox"/>	Merger Acquisition
<input type="checkbox"/>	Other:		

Name and Address of affected Facilities/Practices*

Effective Date of Change*

(Please provide written notification following the date of the change confirming it has been completed.)

New Information* (Fill out all information as pertinent)

New Facility/Ancillary Legal Name(s)	
DBA Name	
Name of Parent Corporation (if applicable)	
Address of Parent Corporation	
Parent Corp. Contact Name	
Contact Number	
Tax ID Number(s) (Requires a W-9 Form)	
National Provider Identifier (NPIs)	
Highmark Blue Shield ID	
Specialty	
Billing/Check Address	Address/Locations

Please Attach the Following Documentation to this Completed Form (Check all boxes that apply)*

	Facility/Ancillary Provider License, Certification, Permit, or Registration, as applicable, reflecting the previous and new information, thus ensuring proper records regarding Licensure, Certification, Permit or Registration. If not available, provide a notice on facility letterhead stating the transition is occurring and that copies of the certification reflecting the new information/location will be forwarded to Highmark upon receipt.
	CMS letter regarding Assignment of CMS Agreement and/or 855 Application (if applicable)
	Pennsylvania Department of Health or Pennsylvania Insurance Department letters regarding this Facility/Ancillary Provider Change (if applicable)
	Copy of all applicable accreditation documentation, if applicable

Facility/Ancillary Information

Name of Facility/Ancillary
Printed Name of Person Completing the Form on behalf of Facility/Ancillary
Title of Person Completing the Form on behalf of Facility/Ancillary
Signature
Email Address
Phone Number
Date

Facility Contacts

Name of Chief Executive Officer			
Address:			
Phone Number		Fax Number	
Email Address			

Name of Chief Financial Officer			
Address:			
Phone Number		Fax Number	
Email Address			

Name of Contract Administrator			
Address:			
Phone Number		Fax Number	
Email Address			

Name of Credentialing Contact			
Address:			
Phone Number		Fax Number	
Email Address			

Name of Medical Director			
Address:			
Phone Number		Fax Number	
Email Address			

ALL CHANGES ARE SUBJECT TO THE TERMS OF THE APPLICABLE PROVIDER CONTRACT(S). FAILURE TO NOTIFY HIGHMARK OF ANY SUCH CHANGES AND OBTAIN HIGHMARK'S PRIOR APPROVAL MAY RESULT

IN THE FOLLOWING OCCURRENCES AND/OR, AS MAY BE PROVIDED FOR IN THE PROVIDER AGREEMENT AND RELATED AGREEMENTS AND DOCUMENTS, A BREACH OF CONTRACT:

- Denial of Payment
- Denial of Authorizations
- Decreased Payment
- Increased Audit Activity

Central PA Region Providers Fax #: 1-888-776-7061	Western PA Region Providers Fax #: 1-888-776-7079	Northeastern PA Region Providers Fax #: 1-844-297-3283
<i>(Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, York)</i>	<i>(Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, Westmoreland)</i>	<i>(Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming)</i>
Delaware Providers Fax#: 1-888-776-7131	West Virginia Providers Fax#: 1-888-776-7058	

FOR HIGHMARK USE ONLY

Credentialing Date (if applicable)

Copy of Commercial Agreement and attachment(s) thereto

Copy of Medicare Advantage Agreement and attachment(s) thereto