SENDERO HEALTH PLANS

Provider Information Form (PIF)

Providers can complete and submit this form to update their provider data file. Please type or print all of the information on this form. E-mail, fax or mail the completed form and any additional documentation to:
Email: ***providers@senderohealth.com***
Fax: (512) 901-9704
Mail: Sendero Health Plans, 2028 East Ben White Blvd., Ste 400, Austin, TX 78741

Provider Name: ***As noted in the Provider Directory***	**Date:**

TYPE OF ADDS / CHANGES DOCUMENTED (Check Appropriate Box)

- ☐ **Add New Provider**
- ☐ **Change of address**
- ☐ **Change of Provider Status, to include Effective Date (e.g., termination from plan, moved out of area)**
- ☐ **Call Covering Physician (Please indicate in the comments section**
- ☐ **Other (please indicate in the comments section)**

PCP Panel Status: (30 day notice req)

- ☐ **Do not list in Directory**
- ☐ **Closing Panel**
- ☐ **Opening Panel**
- ☐ **Accepting existing patients only**

Physician National Provider Identifier (NPI):
Group National Provider Identifier (NPI) :

Physical Address:	**The Physical address cannot be a PO Box Number**
Street:	City:
County:	State: Zip Code:
Telephone: ( ) -	Fax Number: ( ) -
Email address:	

Secondary Physical Address:	**The Physical address cannot be a PO Box Number**
Street:	City:
County:	State: Zip Code:
Telephone: ( ) -	Fax Number: ( ) -

Remittance/Mailing Address: All Providers who make changes to the Remittance/Mailing address Must submit a copy of the W-9 form along with this PIF.

Street:	City:
County:	State: Zip Code:

Provider Demographic/Directory Information:

Languages Spoken other than English:	Office Hours by Location
Specialty:	

Tax ID Number:
Effective Date:
Provider Name*: As Reported to the IRS:*

Comments:

Provider Signature:	**Date:**
Provider Representative (update per office contact):	**Date:**

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Instructions for Completing the Provider Information Form (PIF)

Form should be typed and forwarded to the Network Management team (see contact information below). No updates will be completed without initial review by the Network Management Team.

Signatures:

- The Provider signature is required on the Provider Information Form for any update involving change to billing ID, or panel closing.
- A signature by the authorized representative of a practice or facility is acceptable for all other requested changes. Provider Rep may submit changes to demographic data and add of provider to practice.

Tax Identification Number (TIN):

- TIN changes for individual practitioner provider numbers can only be made by the individual to whom the number is assigned.
- Performing providers in a group cannot change the TIN.
- The W-9 form is required for all name and TIN changes.

General:

- ***E-mail, Fax or Mail the completed form to:***

providers@senderohealth.com

Fax: (512) 901-9704

Sendero Health Plans
2028 East Ben White Blvd, Ste 400
Austin, TX 78741

Internal Use Only

Current provider id#:
Add / Change requested by: **Department:** **Date:** **Add / Change loaded by: Name:** **Date:** **Add / Change filed by: Name:** **Date:**