

Practice Updates

Provider Change Request Form

VBA has partnered with Aperture Credentialing and the Council for Affordable Quality Healthcare (CAQH) to verify provider information and credentialing. Any updates made through this form must also be updated in your CAQH application. We encourage you to review your practice information periodically for accuracy and completeness.

*Today's Date: _____ Office Contact: _____

*Effective Date of Change: _____ Contact Phone Number: _____

*Reason for Request

___ Change current office phone/fax number

___ Add an additional office location

___ Change current PHYSICAL address

___ Change Tax ID number (**Please include W-9**)

___ Change current MAILING address

___ Ownership Change (**Please include W-9 and Bill of Sale**)

Current Office Information

*VBA Provider ID Number: _____ *Current Practice Tax ID Number: _____

Practice Name: _____

*Current Practice Full Address: _____

*Current Practice Telephone Number: _____ Current Practice Fax Number: _____

*List of providers at this location: _____

New Office Information

New Office Physical Address: _____

New Office Mailing/Payment Address: _____

New Office Phone Number: _____ New Office Fax Number: _____

New Tax ID number for this location: _____

List of providers at this location: _____

*Authorized Signature: _____ Date: _____
(Sign Name in full)

*Print Name: _____
(Print Name in full)

**Required field*

Submit complete request to Provider Relations by fax to 412-885-5646 or email to providers@vbaplans.com

400 Lydia Street, Suite 300
Carnegie, PA 15106
1-800-432-4966
www.vbaplans.com

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