## Add/Remove Provider – Current Provider Agreement



This form allows you to add/remove individual providers from your Agreement with PEHP. Once this form is filled out completely and properly submitted, PEHP shall add/remove an individual provider from its provider network directory and claims payment systems.

Please complete this form and send an email to: <u>providersubmissions@pehp.org</u>. Or send via the Message Center available in the <u>New Provider Portal</u>.

If any of the following do not apply, simply list N/A. To avoid claims processing out-of-network, make sure the effective date represents the date they start serving PEHP members.

Add Provider	Remove Provider
Effective Date	
Providers Name	
Group Name	
TIN	
Individual NPI	
Billing Fax #	
Physical Location(s)	
DEA#	
Specialty	
Gender	
Degree	
Taxonomy Code	
Display on PEHP Indic	Website - cate Y or N
If Mid-Level, please list Supervising Physician	
If your office submits electronic claims, please list Trading Partner # and Clearinghouse	

Mental Health Providers Only Please mark the sub-specialties under which you would like to be identified:			
ADD/ADHD	Cognitive Disorder	Psychotic Disorders	
Personality Disorder	Mood Disorder	Impulse-Control Disorder	
Eating Disorder	Dissociative Disorder	Sexual/Gender Identity Disorder	
Anxiety Disorder	Adjustment Disorder	Substance Abuse Related Disorders	
Please mark the age of patient(s) you treat:			
Child (0-12)	Adolescent (13-18)	Adult (19+)	

By typing my name below, I certify:

- a) I have authority to bind Provider Group to add/remove an individual provider as listed above.
- b) An added individual provider meets all of PEHP's credentialing and practice requirements as set forth in the <u>PEHP Provider Relations Policy and Procedure</u> and is subject to PEHP's Provider Contracting Agreement.
- c) Provider group agrees to be part of a group agreement.

Type Name/Title in box:

Submit by email