

Add/Remove Provider – Current Group Contract



By submitting this form, both the group and added provider acknowledge and agree that the added provider meets all of PEHPs credentialing and practice requirements as set forth in the [PEHP Provider Relations Policy and Procedure](#) and is subject to PEHP’s agreement with the group.

Please complete this form and send an email to: providersubmissions@pehp.org. Or send via the Message Center available in the [New Provider Portal](#).

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 _____

Group NPI _____

Billing Location _____

Billing Phone # _____

Billing Fax # _____

Physical Location(s) _____

Physical Phone # _____

Hospital Privileges? _____

DEA# _____

Specialty _____

Languages Spoken _____

License # _____

Gender _____

Degree _____

Taxonomy Code _____

Display on PEHP Website -
Indicate 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
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+)

Submit by email