

MHC/University of Utah Health Plans

Practice Location Add/Change Form

Please email form to MHCProviderRelations@hsc.utah.edu

Please make sure to include in your email the name(s) and NPI(s) number of any provider(s) that we need to have listed under the new location.

Website URL; By providing the URL to your clinic website, you give University of Utah Health Plans permission to publish a link to your site in our provider directories. U of U Health Plans assumes no responsibility or liability for the information displayed on your site.

Anything with a * next to it is a required filled.



Group TID #* _____

Group NPI #* _____

Effective date* _____

Add

Change

Location Name*

Old Address

Phone _____ Ext _____ Fax _____

Old Billing Address

Phone _____ Ext _____ Fax _____

New Address*

Phone* _____ Ext _____ Fax _____

Location Information (please check any that apply to the office locaiton)

- | | |
|--|--|
| <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Language Translation Services |
| <input type="checkbox"/> Pediatric Services | <input type="checkbox"/> Visual Impairment Accommodations |
| <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Hearing Impairment Accommodations |
| <input type="checkbox"/> Virtual Visits | <input type="checkbox"/> Domestic Violence Support Available |
| <input type="checkbox"/> Mental health Treatment | <input type="checkbox"/> Substance Use Treatment |

Gender Restriction

Age Restriction

Cultural Competency Training Date: _____

Website URL

New Billing Address

Phone * _____ Ext _____ Fax _____