



Tax ID/EIN Change Request

Effective Date Of Change:		
Original Tax Information		
Original Practice Name:		
Original Owner Name:		
Address:		
City:	State:	Zip:
Original Tax ID (EIN#):		
Who should receive outstanding payments?	Original Tax ID	New Tax ID
If original, please provide remit address:		
New Tax Information		
New Practice Name:		
New Owner Name:		
Current Address:		
City:	State:	Zip:
New Tax ID (EIN#):		
Names of Providers moving to New Practices: (Must be handicap accessible and ADA compliant)		
Authorized By:	Title:	Date:

Please Submit all attached documents.

Submit proof of Liability Coverage with:

- **Addendum or list of named insureds on carriers letterhead**
- **Declarations Page**
- **We require \$1,000,000 per claim and \$3,000,000 aggregate coverage**

****Patients authorized to Original Tax ID will have payment issued to Original Tax ID information on file at time of authorization****

Please submit this via email to
credentialing@uhchearing.com
Or fax to 844-711-2908



UnitedHealthcare/EPIC Hearing Network: Practice Information Sheet

<input type="checkbox"/> Initial Credentialing <input type="checkbox"/> Re-credentialing						
PRACTICE PROFILE						
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC						
Are you part of a retail chain or affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check if this Practice is also one of the following: <input type="checkbox"/> State University <input type="checkbox"/> Health System			
Corporation Name:						
Corporation Address:						
Corporate Phone Number:			Corporate Fax:		Corporate NPI if Applicable:	
PATIENT SERVICES						
Mobile Service Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			Sign Language: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Age of Patients: <input type="checkbox"/> Infants (Ages 0-3) <input type="checkbox"/> Pediatrics (Ages 3-5) <input type="checkbox"/> Pediatrics (Ages 5+) <input type="checkbox"/> Adults (18+)						
PREFERRED MANUFACTURERS- PLEASE MAKE SURE TO RANK FROM 1-5, 1 BEING THE MOST FREQUENT (minimum of 1 required)						
_ Phonak	_ Unitron	_ Relate	_ Signia	_ Widex	_ Starkey	_ Oticon
_ Resound	_ Beltone	_ Lyric				
PAY-TO ADDRESS (If different from above)						
Location Name:						
Address:						
City:			State:		Zip Code:	
Billing Contact:						
Phone:			Fax:		Email:	
ADDITIONAL CLARIFICATION						

PRACTICE LOCATION (Must be handicap accessible and ADA compliant)						
Practice Name:				Practice NPI:		
Address:						
City:			State:		Zip:	
Office Contact:						
Phone:		Fax:		Email:		
HOURS OF OPERATION						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PLEASE COMPLETE ABOVE IF DIFFERENT FROM CORPORATE INFORMATION						
PRACTICE LOCATION (Must be handicap accessible and ADA compliant)						
Practice Name:				Practice NPI:		
Address:						
City:			State:		Zip:	
Office Contact:						
Phone:		Fax:		Email:		
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City:			State:		Zip:	
Office Contact:						
Phone:		Fax:		Email:		
HOURS OF OPERATION						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PLEASE COMPLETE ABOVE IF DIFFERENT FROM CORPORATE INFORMATION						
(Please duplicate the above or you may provide a separate list for additional practice locations)						