



Provider Update Form

Please submit this form to Provider Engagement at SHPPProviderServices@seton.org or by fax at 512-380-7547.

Please note: This form is intended for providers who are already in-network with Dell Children's Health Plan*.

Group Practice/Facility Information

Contact Name:				Contact Phone:		Contact E-mail:		Date of Change:	
Provider Name:				Provider NPI:		Taxonomy:			
<input type="checkbox"/> Facility Change Type of Change: <input type="checkbox"/> Add <input type="checkbox"/> Remove						Tax ID:			
Facility Name:						NPI:			
Check Address type: <input type="checkbox"/> Physical Practice Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Billing address									
Street Address:				City:		State:		Zip Code:	
ADA Handicap Accessible Yes/No:			Hospital Affiliation:						
<input type="checkbox"/> Provider Change Type of Change: <input type="checkbox"/> Add <input type="checkbox"/> Remove						Tax ID:			
Provider Name:						NPI:			
Check Address type: <input type="checkbox"/> Physical Practice Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Billing address									
Street Address:				City:		State:		Zip Code:	
Hospital Affiliation:						Languages Spoken (other than English):			
<input type="checkbox"/> Provider Change Type of Change: <input type="checkbox"/> Add <input type="checkbox"/> Remove						Tax ID:			
Provider Name:						NPI:			
Check Address type: <input type="checkbox"/> Physical Practice Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Billing address									
Street Address:				City:		State:		Zip Code:	
Hospital Affiliation:						Languages Spoken (other than English):			
Other Changes:			Old			New			
<input type="checkbox"/> Name Change (W9 Required)			_____			_____			
<input type="checkbox"/> Tax ID Number (W9 Required)			_____			_____			
<input type="checkbox"/> NPI			_____			_____			
<input type="checkbox"/> Phone (Practice location)			_____			_____			
<input type="checkbox"/> Fax (Practice location)			_____			_____			

*If you would like to become in network with DCHP please contact: shpnetworkdevelopment@seton.org.