



## Provider Change Form

**Directions:** You may also complete this form online at [www.DHIN.org](http://www.DHIN.org) under the "Healthcare Providers" tab to inform DHIN of providers (physicians, nurse practitioners, physician assistants) who are joining your practice or who are leaving the practice. DHIN will contact you when the request has been completed. Please ensure that new providers have been credentialed at the facilities selected below.

Practice Information			
Group/Practice Name:			Organization NPI #
Change Request Submitted by:		Phone (    )	Fax (    )
E-mail Address			
Address #1	Address #2		
City		State	Zip Code

Provider Change Information												
Date of Change	Add or Remove	Provider Name (first and last)	Provider NPI	Practice Location <i>(if different than above)</i>	If adding a provider, indicate where provider is credentialed: AI DuPont (AI), Bayhealth (BH), Beebe (BB), Christiana (CC), Papastavros (PA), St. Francis (SF), Tri-State (TS)							
					AI	BH	BB	CC	PA	SF	TS	

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Practice Administrator Name (Please Print) Practice Administrator Signature Date

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