PerformCARE®
8040 Carlson Road
Harrisburg, PA 17112

Provider Data Update Form

Accuracy of information is critical to the effectiveness and efficiency of the network. All changes including services provided, site locations opening or closing, phone number changes should be reported as soon as possible.

Provider Name: _____

Contact Person (if any questions regarding this change): _____

Effective Date of change (s): _____

Medicaid ID number (include Type/Specialty): _____

Type of change:

New Address:

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Contact Person: _____

Site Handicap Accessible: Yes ☐ No ☐

Old Address:

Address: _____

City, State, Zip: _____

Provider/Practitioner Termination: _____

Name of Provider/Practitioner to be terminated: _____

Have all claims been submitted for the provider/practitioner being terminated? Yes ☐ No ☐

***If claims have not been submitted, please indicate a date when this will be completed:** _____

Services to be added to provider profile: _____

Services to be removed from provider profile: _____

Changes to population served: _____

Tax ID Change:

Tax ID Change: Yes ☐ No ☐

Old Tax ID#: _____

New Tax ID#: _____

For PerformCare INTERNAL Use Only:

Sprovider ID: _____

Requested by: _____

Provider Name (as it appears in Facets): _____

Facets ID: _____

Additional Info: