

Instructions For PROMISE™ Provider Service Location Change Request

This form can be used for the following purposes only:

1. To *close* an existing service location.
2. To change a *Mail-To* address for an existing service location.
3. To change a *Pay-To* address for an existing service location.
4. To change a *Home Office* address for an existing service location.
5. To change an *IRS* address for an existing service location.
6. To change an *e-mail* address for an existing service location.
7. To *terminate association (fee assignment)* with a Provider Group by an individual.
8. To *add or terminate participation* with a Provider Eligibility Program (PEP).

This form **CANNOT** be used to add a service location.

- To add a service location, complete a PROMISE™ Provider Enrollment Individual Application or Provider Enrollment Base Application and any required related forms. **This form is NOT to be used to add a service location where actual recipient services are performed.**

PROMISe™ Provider Service Location Change Request

THIS FORM CANNOT BE USED TO ADD A NEW SERVICE LOCATION ADDRESS.

This form can only be used to:

- Change where the mailings, e-mails and payments are to be sent for an existing service location.
- Close an existing Service Location, Pay-To, Mail-To, and/or Home Office address.
- If closing a service location currently paying to itself, change the pay-to address for outstanding payments if needed.

Please note: **You must complete a new Provider Enrollment Application to add a new service location where actual recipient services are provided.**

Please **CLOSE** the following service location on my provider file:

Provider Name: _____	
PROMISe™ Provider Number: _____	(13 digits)
Provider Type Number and Description: _____ / _____	
Specialty Number and Description: _____ / _____	
Effective Close Date: ____/____/____	
Street Address: _____	
City: _____	County: _____
State: ____ ____	Zip Code: _____ - _____ Phone No.: (____) _____

Please **change** the following address for a **previously established** service location: **(Mail-To, Pay-To, Home Office, IRS or E-mail Address only. You cannot add or change a service location address using this form.)**

Provider Name: _____	
PROMISe™ Provider Number: _____	(13 digits)
Change the Current: Mail-To <input type="checkbox"/> , Pay-To <input type="checkbox"/> , Home Office <input type="checkbox"/> , IRS <input type="checkbox"/> Effective Change Date: ____/____/____	
Provider Type Number and Description: _____ / _____	
Specialty Number and Description: _____ / _____	
E-mail Address: _____	
Street Address: _____	
City: _____	County: _____
State: ____ ____	Zip Code: _____ - _____ Phone No.: (____) _____

Note: Please remember to **sign and date** on the bottom of page 3.

PROMISe™ Provider Service Location Change Request

Please terminate my association/fee assignment with the following Group:

Delete this provider from the provider group. Specify the **Group provider number**:
_____ (Must be a 13 digit number or will be returned)

Group name: _____

Individual Provider Name: _____

Individual Provider Number: _____ (13 digits)

Provider Type Number and Description: _____ / _____

Specialty Number and Description: _____ / _____

Effective date of withdrawal from Group participation: ____/____/____

Please add or end date my participation with the following Provider Eligibility Program (PEP).

Add a Provider Eligibility Program (PEP) for this provider.

End-date the Provider Eligibility Program (PEP) for this provider.

Provider Eligibility Program (PEP) name: _____

Provider Name: _____

PROMISe™ Provider Number: _____ (13 digits)

Provider Type Number and Description: _____ / _____

Specialty Number and Description: _____ / _____

Effective **begin** date: ____/____/____ when **adding** a PEP or

Effective **end** date: ____/____/____ when **closing** a PEP.

Date

Print or Type Provider Name

Original Provider Signature (Signature Stamps Not Accepted)

If additional changes are required, copy page 2 and 3 or attach sheet(s) using identical format.

Please return to: Bureau of Fee-for-Service Programs
Division of Operations – Provider Enrollment Section
P.O. Box 8045
Harrisburg, PA 17105-8045