



New Hampshire Medicaid Program

Change of Provider Information Form

Change of Enrollment Information Instructions:

- Providers and Trading Partners who are enrolled in the NH Title XIX Program who wish to change demographic information must complete the Change of Information Form.
- Provider who wish to add a service location in addition to the service location listed during initial enrollment must complete the Additional Service Location Form that applies to their provider type.
- Providers who wish to submit a change of ownership must submit a new Provider Application. Change of Enrollment Forms will not be considered acceptable documentation for a change of ownership.
- All Change of Information Forms must contain an original signature. Only original signatures will be accepted. Copied or stamped signatures are not acceptable.
- For change of name please provide supporting documentation. Changes of Name will only be processed if the new requested name is accompanied by licensing/certification information bearing that name.

* Required Field

Change Request Information

Check all that apply:

Change of Contact Information: Name Telephone Number Fax Number

Change of Address: Service Location Address Mailing Address Billing Address

Requested Effective Date * NH Title XIX Provider ID Number * Tax ID Number *

Current Information

Provider Name

Address City State Zip

Phone # Ext Fax #

New Information

Provider Name

Address City State Zip

Phone # Ext Fax #

Authorized Representative Name (Please Print) Authorized Representative Signature * Date *

Please return this form to the Provider Relations Unit at the address below:

NH Medicaid Provider Relations
P.O. Box 2059
Concord, NH 03302-2059