

Provider change request

Add or removal

Facility name:		Submitter code:	
Street address			
City, State and Zip			
Contact name:		Phone #:	

LabLink client: No Yes

Additions:

<i>All fields must be completed</i>					<i>For Internal use only</i>			
Complete legal name (Last, First, MI)	Credentials	Specialty	NPI	Effective date	FMP	Provider edit	Reqs	LabLink

Removals:

<i>Complete as many fields as possible</i>					<i>For Internal use only</i>			
Complete legal name (Last, First, MI)	Credentials	Allina PID	New practice location	Effective date	FMP	Provider edit	Reqs	LabLink

Name changes: For provider name changes, contact your Account Representative or email the account representative email below.

Email the completed form to AHLOutreach@allina.com