

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

Account representative: Lisa Johnson Paula Perry Lisa Peterson Amy Stratton

Email the completed form to AllinaHealthLaboratoryAccountRepresentatives@allina.com