

## Physician/Provider Bulletin

<b>Subject:</b>	<b>Provider Information Update Form</b>		
<b>Plan:</b>	Coordinated Care Option 1	<b>Bulletin Date:</b>	December 12, 2013
<b>Bulletin Number:</b>	13-08	<b>Effective Date:</b>	December 12, 2013

The purpose of this bulletin is to inform all participating providers of the new notification method for requesting updates to their provider record.

Effective immediately, providers will be required to complete the **Provider Information Update Form** for the following:

- **Practitioner name change\***
- **Office location addition or termination**
- **Office contact numbers addition or termination (phone and/or fax)**
- **Payment address change\***
- **Tax ID/entity name change\***

*\*Supplemental documentation may be required to process the system update request*

Please find the new Provider Information Update Form on our website at [www.hcdpbc.org](http://www.hcdpbc.org).

Thank you for your cooperation.

Provider Service Department  
Health Care District of Palm Beach County

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659-1002.

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Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.