



Business Update Form

This form is for businesses currently contracted with Amplifon Hearing Health Care. Complete this form if you need to change the business name or address (W-9 required), add a NEW clinic location, update information on an existing location, or to CLOSE a location. If you wish to terminate the full Network Participation Agreement with Amplifon, the business owner must contact the Credentialing department directly.

Business Information *(Required)*

Current Business Name (Legal)	
Business Street Address	City, State & Zip Code
Business Phone	EIN / Tax ID Number

Change Business Name / Address *(Must also submit a current IRS Form W-9)*

NEW Business Name (Legal)	
Business Street Address (Must match W-9)	City, State & Zip Code
Business Phone	Business Fax

*** Tax Identification Number (TIN) changes require additional information. Please contact the Credentialing department at 1-800-862-9381 or email us at credentialing@amplifon.com for assistance with this type of change.

Add a NEW Clinic Location Effective Date

Street Address	City, State & Zip Code
Location Phone	Location Fax
Location Email	

Pediatric Patients	<i>Birth +</i>	<i>3+</i>	<i>5+</i>	<i>10+</i>	<i>18+</i>
Providers Practicing at Location	Provider Name <i>(Last, First, MI)</i>	License Number	AUD / HAD	Provider Email	
<i>* For additional providers, please attach a roster.</i>					

*** All providers must be individually credentialed by AHHC. If a rostered provider is not currently credentialed by AHHC, an application will be sent to them.



Business Update Form

Location Office Hours				
Day	Start	AM/PM	End	AM/PM
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

Location Accessibilities		
Does this office meet ADA accessibility requirements?		
Does this site offer handicapped access for the following:		
Building?	Parking?	Restroom?
Other handicapped access		
Text Telephony (TTY)	American Sign Language (ASL)?	
Other disability services		
Is this site accessible by public transportation?		
Bus?	Subway?	Regional Train?
Other transportation access		

Update an Existing Location's Information Effective Date

Which Location are you updating?

Location Street Address City, State & Zip Code

Complete only the items that need to be updated for this location:

New Location Street Address City, State & Zip Code

New Phone **New** Fax

New Location
Email

CLOSE a Clinic Location Effective Date

Street Address City, State & Zip Code



Business Update Form

***** Must be signed by the business owner or authorized contact.**

Signature

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature

How to submit the Business Update Form:

E-mail: Credentialing@amplifon.com (preferred), or by **Fax:** (877) 853-3010

Questions? Contact a Credentialing representative by Phone: 1-800-862-9381