

LOCATION UPDATE FORM

UPDATES ARE PROCESSED ACCORDING TO THE DATE RECEIVED

Please complete ONE section per update form

BUSINESS DEMOGRAPHICS (REQUIRED)			
EIN/TAX IDENTIFICATION NUMBER			
LEGAL BUSINESS NAME			
DOING BUSINESS AS NAME			
SECTION 1: NEW LOCATION		EFFECTIVE DATE: _____	
STREET ADDRESS			
CITY, STATE AND ZIP CODE			
SITE EMAIL ADDRESS			
PHONE NUMBER		FAX NUMBER	
PEDIATRIC PATIENTS (circle one)	BIRTH+	3+	5+ 10+ 18+
PROVIDERS PRACTICING AT LOCATION (For additional providers please attach a roster)			
FIRST NAME	LAST NAME	AUD/HAD	PROVIDER EMAIL
SECTION 2: LOCATION CLOSURE		EFFECTIVE DATE: _____	
STREET ADDRESS			
CITY, STATE, ZIP CODE			
SECTION 3: RELOCATION		EFFECTIVE DATE: _____	
OLD STREET ADDRESS			
CITY, STATE AND ZIP CODE			
NEW STREET ADDRESS			
CITY, STATE AND ZIP CODE			
SITE EMAIL ADDRESS			
PHONE NUMBER		FAX NUMBER	
PEDIATRIC PATIENTS (circle one)	BIRTH+	3+	5+ 10+ 18+
SECTION 4: UPDATE LOCATION INFORMATION		EFFECTIVE DATE: _____	
LOCATION ADDRESS			
LOCATION EMAIL			
LOCATION PHONE			
LOCATION FAX			

Submitted By: _____ Date: _____

Email Address: _____ Phone Number: _____

THIS FORM MUST BE SUBMITTED BY AN OWNER OR AUTHORIZED CONTACT

How to submit the Location Update Form:

Preferred Method: E-mail form to Credentialing@amplifon.com

Fax: (877) 853-3010 Phone: 1-800-862-9381

Please Note: All changes to Legal Business Name and/or Tax ID Number will require additional credentialing information. Contact the credentialing department as listed above.

After submitting a Location Update Form to Amplifon Hearing Health Care, you should expect system changes to take effect in 10-14 business days after receipt. However, to ensure that a change request for a site addition or termination is completed by the requested effective date, the Location Update Form should be submitted to Amplifon Hearing Health Care 30 days in advance of the requested effective date.

For provider changes, please complete a Provider Update Form