

**Facility/Entity Data Change Request Form**

*Fill out this top section completely and any section where your information has changed. Please make copies of this form as needed.  
E-mail completed form to [AC-ProviderContracting@American-Community.com](mailto:AC-ProviderContracting@American-Community.com) or you can fax to (734) 853-2290.*

Tax ID #: \_\_\_\_\_ NPI #: \_\_\_\_\_ Contract #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

IPA/PHO Name: \_\_\_\_\_

Primary Taxonomy Code: \_\_\_\_\_ Primary Specialty: \_\_\_\_\_

Secondary Taxonomy Code: \_\_\_\_\_ Secondary Specialty: \_\_\_\_\_

**Facility/Entity Location**

**Check all that apply:**  Use as Payment (Remit To) Address  
 Do not print in Directory

Entity Name: \_\_\_\_\_  
Street Address (1): \_\_\_\_\_  
Street Address (2): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Contact Person  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Title or Position: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail \_\_\_\_\_

**Additional Locations**

**Check all that apply:**  Use as Payment (Remit To) Address  
 Do not print in Directory

**Check all that apply:**  Use as Payment (Remit To) Address  
 Do not print in Directory

Entity Name: \_\_\_\_\_  
Street Address (1): \_\_\_\_\_  
Street Address (2): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Entity Name: \_\_\_\_\_  
Street Address (1): \_\_\_\_\_  
Street Address (2): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Payment (Remit To) Address (If different than location above)**

Entity Name: \_\_\_\_\_  
Street Address (1): \_\_\_\_\_  
Street Address (2): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Contact Person  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Title or Position: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail \_\_\_\_\_