



**Verity HealthNet**  
**Provider Information Change Form** (page 2 of 2)

Additional practice locations for new provider listed above (if applicable):

Second Practice Location:	
Clinic Name:	
Tax ID Number:	
Practice Address:	
Practice Phone:	
Billing Address:	

Third Practice Location	
Clinic Name:	
Tax ID Number:	
Practice Address:	
Practice Phone:	
Billing Address:	

**Required Attachments:** A copy of the providers HCFA or UB must be submitted with this form for new providers or any change to the tax id or billing address (please do not send a blank copy - Boxes 31 -33 on the HCFA and/or boxes 1 and 2 on the UB must be complete). For new providers, please send a Louisiana Standardized Credentialing Application OR a printout of their CAQH application and a copy of the W-9.

Person responsible for contracting this provider:	Name:	Email:	Phone:
	Name and Signature of person submitting this request		Printed Name:
		Signature:	

This completed form can be mailed, emailed or faxed to: Verity HealthNet – Attn: Mary Jenkins  
P O Box 83578  
Baton Rouge, LA 70884  
Fax number: 225-237-1624  
Email address: [mary.jenkins@verityhealth.com](mailto:mary.jenkins@verityhealth.com)

If you have any questions concerning this form, please contact Mary Jenkins at 225-819-1133