



Individual Practitioner Update Form

Please use a separate form for each practitioner. As an alternative to this form, you may send us your organization's documents for notification of practitioner updates. Please ensure your notice includes all of the information required below.

Section 1A: Organization/Business Practice and Contact Information

Legal Name (as it appears on W-9):	Federal Tax Identification Number:
Form Submitted by (name/title):	
Phone Number (with area code):	Fax Number (with area code):
E-mail:	Date Submitted:

Section 1B: Individual Practitioner Information

Last Name:	First Name:	MI:
Individual's NPI #:	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Specialty (Primary first, followed by all secondary that apply):		
Credentials:	License Number(s):	

Reason(s) for update *(please indicate all that apply)*:

- Practitioner added to staff—List effective date: _____
- Practitioner leaving staff—List effective date: _____
 Reason: Practitioner retired
 Practitioner has relocated—List where: _____
 Other—Please explain: _____
- Practitioner not accepting patients—List effective date: _____
- Change in service location(s)
- Practitioner demographic data change—List effective date: _____

Old:		New:	
Last Name:	Last Name:	Last Name:	Last Name:
First Name:	MI:	First Name:	MI:
Specialty:		Specialty:	
Credentials:		Credentials:	
License Number(s):	State:	License Number(s):	State:

Section 2: Service Location Updates

Please make copies of this page as needed to document all service location changes.

Location Name:		Phone Number (with area code):	
Address:			
City:		State:	ZIP:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Effective Date:	Primary Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Directory Suppress? <input type="checkbox"/> Yes <input type="checkbox"/> No
Practicing Specialty at this Site:			

Location Name:		Phone Number (with area code):	
Address:			
City:		State:	ZIP:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Effective Date:	Primary Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Directory Suppress? <input type="checkbox"/> Yes <input type="checkbox"/> No
Practicing Specialty at this Site:			

Location Name:		Phone Number (with area code):	
Address:			
City:		State:	ZIP:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Effective Date:	Primary Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Directory Suppress? <input type="checkbox"/> Yes <input type="checkbox"/> No
Practicing Specialty at this Site:			

Location Name:		Phone Number (with area code):	
Address:			
City:		State:	ZIP:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Effective Date:	Primary Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Directory Suppress? <input type="checkbox"/> Yes <input type="checkbox"/> No
Practicing Specialty at this Site:			

Please return your completed update form via e-mail, fax, or mail to the attention of:

Credentialing Staff
 WEA Trust
 45 Nob Hill Road
 Madison, WI 53713
 Phone: (608) 661-3290
 Fax: (608) 276-9119
 E-mail: credentialing@weatrust.com