

**FORWARDHEALTH  
PROVIDER CHANGE OF ADDRESS OR STATUS**

**Instructions:** Type or print clearly. Before completing this form, read the Provider Change of Address or Status Completion Instructions, F-01181A. Submit the completed form to ForwardHealth, Provider Enrollment, 6406 Bridge Road, Madison, WI 53784-0006.

*This form cannot be used to report a change in ownership. Refer to the Online Handbook on the ForwardHealth Portal for instructions.*

Contact Provider Services at (800) 947-9627 for more information.

<b>IDENTIFYING INFORMATION (Required)</b> <b>IMPORTANT</b> The information in this section is used solely to identify the provider submitting the form and is not intended for updates. Enter information <b>currently</b> on file with ForwardHealth in these elements.		
1. Name — Provider (Required)		2. Provider ID (Required)
3. Taxonomy Code (Required for Health Care Providers)	4. ZIP Code (Required)	5. ZIP+4 Extension (Required)
6. Updates on this form are applicable to the following programs. (Required.) <input type="checkbox"/> Wisconsin Medicaid <input type="checkbox"/> Wisconsin Chronic Disease Program <input type="checkbox"/> Wisconsin Well Woman Program		

**Note:** Sections I-IX should be used to report or change information currently on file with ForwardHealth.

**SECTION I — PRACTICE LOCATION INFORMATION**

**IMPORTANT**

Street Address Lines 1 and 2 should not contain any P.O. Box or Lockbox information.

7. Name — Provider		8. National Provider Identifier (NPI)	
9. Street Address Line 1		10. Street Address Line 2	
11. City	12. State	13. ZIP Code	14. ZIP+4 Extension
15. County		16. Telephone Number — For Member Use	
17. Name — Contact Person		18. Telephone Number — Contact Person	

*Continued*



**SECTION II — PROVIDER FINANCIAL INFORMATION**

**Taxpayer Information**

19. Taxpayer Identification Number (TIN)		20. Name — Taxpayer	
21. TIN Type <input type="checkbox"/> EIN <input type="checkbox"/> SSN	22. TIN Effective Date	23. TIN End Date	

**Checks and Remittance Advice Address**

24. Name — Pay To			
25. Address Line 1		26. Address Line 2	
27. City	28. State	29. ZIP Code	30. ZIP+4 Extension
31. Name — Financial Contact Person		32. Telephone Number — Contact Person	

**SECTION III — IRS FORM 1099 MAILING ADDRESS**

**IMPORTANT**

Only one 1099 will be sent per TIN. If the provider completing this form is not responsible for receiving the 1099, the provider should not complete this section.

33. Address Line 1		34. Address Line 2	
35. City	36. State	37. ZIP Code	38. ZIP+4 Extension

**SECTION IV — MAILING INFORMATION**

39. Name — Mail To		40. Name — Attention Line	
41. Address Line 1		42. Address Line 2	
43. City	44. State	45. ZIP Code	46. ZIP+4 Extension

*Continued*

**SECTION V — PRIOR AUTHORIZATION INFORMATION**

47. Name — Provider		48. Name — Attention Line	
49. Address Line 1		50. Address Line 2	
51. City	52. State	53. ZIP Code	54. ZIP+4 Extension
55. Fax Number		56. Telephone Number — Contact Person	

**SECTION VI — SUPERVISING PROVIDER INFORMATION (For Non-billing Providers Only)**

57. Name — Supervisor		58. Telephone Number — Supervisor	
59. Address Line 1		60. Address Line 2	
61. City	62. State	63. ZIP Code	64. ZIP+4 Extension
65. Effective Date of Supervision			

**SECTION VII — GENERAL INFORMATION**

66. Language(s) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Russian <input type="checkbox"/> Hmong			
67a. Drug Enforcement Agency (DEA) Number(s)		67b. DEA Number(s)	
67c. DEA Number(s)		67d. DEA Number(s)	
68. Is the provider Medicare Part A enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No    Effective Date _____			
69. Is the provider Medicare Part B enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No    Effective Date _____			

*Continued*

**SECTION VIII — TAXONOMY**

**IMPORTANT**

A primary taxonomy number must be on file with ForwardHealth at all times. If a primary taxonomy number is being removed, a new one must be indicated.

70. Primary Taxonomy Code

Change the primary taxonomy code on file to the following. \_\_\_\_\_

Remove old primary taxonomy code from file.

Keep old primary taxonomy code on file as additional code.

71a. Additional Taxonomy Code	71b. <input type="checkbox"/> Add <input type="checkbox"/> Remove
72a. Additional Taxonomy Code	72b. <input type="checkbox"/> Add <input type="checkbox"/> Remove
73a. Additional Taxonomy Code	73b. <input type="checkbox"/> Add <input type="checkbox"/> Remove
74a. Additional Taxonomy Code	74b. <input type="checkbox"/> Add <input type="checkbox"/> Remove
75a. Additional Taxonomy Code	75b. <input type="checkbox"/> Add <input type="checkbox"/> Remove

**SECTION IX — SUBPART NPI INFORMATION (For Hospital Providers Only)**

**IMPORTANT**

Hospital providers may have identified subparts for their organization and obtained an NPI for those subparts. ForwardHealth programs do not separately certify some hospital subparts such as psychiatric and rehabilitation units; however, the NPI and taxonomy codes of those subparts will be linked to the certified inpatient or outpatient hospital provider file. This enables providers to conduct business with ForwardHealth using NPIs for subparts that ForwardHealth programs do not separately certify.

Enter the NPI and taxonomy code for the subpart(s) of the hospital and indicate whether to add or remove the information.

76a. Subpart NPI	76b. Taxonomy Code	76c. <input type="checkbox"/> Add <input type="checkbox"/> Remove
77a. Subpart NPI	77b. Taxonomy Code	77c. <input type="checkbox"/> Add <input type="checkbox"/> Remove
78a. Subpart NPI	78b. Taxonomy Code	78c. <input type="checkbox"/> Add <input type="checkbox"/> Remove
79a. Subpart NPI	79b. Taxonomy Code	79c. <input type="checkbox"/> Add <input type="checkbox"/> Remove
80a. Subpart NPI	80b. Taxonomy Code	80c. <input type="checkbox"/> Add <input type="checkbox"/> Remove

**AUTHORIZED SIGNATURE INFORMATION (Required)**

81. SIGNATURE — Provider (Required)

82. Date Signed (Required)

**For Administrative Use Only**