



Pediatric Integrated Care System, 1701 SW 16<sup>th</sup> Ave, Gainesville, FL 32608-1153 (866) 376-2456

**PARTICIPATING GROUP CHANGE/UPDATE FORM**

**Please complete applicable information and fax back to Ped-I-Care at 352-955-6518.**

Group Name: \_\_\_\_\_ Tax ID \_\_\_\_\_

Group Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Email address: \_\_\_\_\_

Medicaid # \_\_\_\_\_ NPI# \_\_\_\_\_ Taxonomy # \_\_\_\_\_

**Date CMS on-line application completed: \_\_\_\_\_ (to apply, go to <https://www.cmskidsproviders.com>)**

Business Classification (Please check one if applicable)

**Certified Minority**

- African American (H)
- Hispanic (I)
- Asian/Hawaiian (J)
- Native American (N)
- American Women (M)

**Non-Certified Minority**

- African American (N)
- Hispanic (O)
- Asian/Hawaiian (P)
- Native American (Q)
- American Women (R)

**Please provide the following for each provider. Use additional pages as necessary.**

	ADD	DELETE
<b>Provider Name</b>		
Effective Date		
Social Security #		
Gender		
License #		
Medicaid #		
NPI #		
Taxonomy #		
Language(s)		
<b>Facility Name &amp; Location</b>		
Facility NPI #		
Facility Medicaid #		
Facility Hours of Operation		
Phone #		

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