

# MHC/University of Utah Health Plans

## Practice Location Add/Change Form

Please email form to [MHCProviderRelations@hsc.utah.edu](mailto:MHCProviderRelations@hsc.utah.edu)

Please make sure to include in your email the name(s) and NPI(s) number of any provider(s) that we need to have listed under the new location.

**Website URL;** By providing the URL to your clinic website, you give University of Utah Health Plans permission to publish a link to your site in our provider directories. U of U Health Plans assumes no responsibility or liability for the information displayed on your site.

Anything with a \* next to it is a required filled.

Group TID #\* \_\_\_\_\_

Group NPI #\* \_\_\_\_\_

Effective date\* \_\_\_\_\_

Add

Change

Location Name\* \_\_\_\_\_

Old Address

\_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Old Billing Address

\_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

New Address\*

\_\_\_\_\_

Phone\* \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

**Location Information** (please check any that apply to the office locaiton)

Extended Hours

Language Translation Services

Pediatric Services

Visual Impairment Accommodations

Handicap Accessible

Hearing Impairment Accommodations

Virtual Visits

Domestic Violence Support Available

Mental health Treatment

Substance Use Treatment

Gender Restriction

\_\_\_\_\_

Age Restriction

\_\_\_\_\_

Cultural Competency Training Date: \_\_\_\_\_

Website URL

\_\_\_\_\_

New Billing Address

\_\_\_\_\_

Phone \* \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_