



Please notify SummaCare Provider Support Services  
if any of the following information has changed:

- Practice Address (*new*): \_\_\_\_\_
- Practice Address (*old*): \_\_\_\_\_  
\_\_\_\_\_
- NPI Number: \_\_\_\_\_
- Practice name (*new*): \_\_\_\_\_
- Practice name (*previous*): \_\_\_\_\_
- Practice Phone number (*new*): \_\_\_\_\_
- Practice Phone number (*previous*): \_\_\_\_\_
- New Fax number or installation of new fax machine: \_\_\_\_\_
- Tax I.D. number (*new*): \_\_\_\_\_
- Tax I.D. number (*previous*): \_\_\_\_\_
- E-mail address (*new*): \_\_\_\_\_
- E-mail address (*previous*): \_\_\_\_\_
- Physician(s) in the practice:
  - Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Would you like an Orientation Session for you and/or staff members? Yes \_\_\_ No \_\_\_
- Physician/Practice Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Fax Number: \_\_\_\_\_

Please notify SummaCare Provider Support Services by:

Mail: P O Box 3620, Akron, Ohio 44309-3620

Fax: (330) 996-8490

E-mail address: [contactproviderservices@summacare.com](mailto:contactproviderservices@summacare.com)

**We must receive your change of information in writing**