

**Change Form**

Please use this form and choose one of the following:

- Name Change  Address and Ownership Change  TIN Change  EFT Changes  
 Provider Termination  Other

Please email the completed form to [ProviderRelation@massdhp.com](mailto:ProviderRelation@massdhp.com)

Date: \_\_\_\_\_ Billing NPI/NPI2: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider NPI Number: \_\_\_\_\_

Existing Business Name (as shown on W-9): \_\_\_\_\_

New Business  
Name: \_\_\_\_\_

Existing Business Tax ID (as shown on W-9): \_\_\_\_\_

New Business Tax ID: \_\_\_\_\_

Print Name (Owner): \_\_\_\_\_

Terminating Provider: \_\_\_\_\_ Providers NPI: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*\*Other: Please add description in comments if none of the other options apply.*

*\* Please note: Additional documentation may be required.*