# **Ownership and acquisition change request form**



Providers and practices going through an acquisition or acquiring another practice are required to report any changes.

All acquisitions must be reported at least 30 days before the effective date.

#### Who needs to complete this form:

- Businesses acquiring or merging with a new provider or practice
- Those participating in a buyout
- In- and out-of-network providers

#### **Required information:**

- Provider W-9
- Official documentation of acquisition
- Provider Roster

# **Provider acquisition information**

New legal name			
Prior legal name			
New tax ID:			
New NPI:		Prior NPI:	
New DBA name			
Prior DBA name			
New CLIA number:			
Primary practice information			
Street address			Suite/Floor
City	State	Zip	County
Phone	Fax	number	

### **Provider Roster**

Do you have a Provider Roster? Yes No

If you don't, you'll need to give us the name and NPI number of each provider at your practice. If your practice contains more than eight providers, you need to submit the roster as an Excel file.

Practice billing information			
Address			Suite/Floor
City			County
Phone	Fax number		

Billing contact	
Name	
Email	
Phone	Fax number

# **Required documentation**

Please email us the following after you complete your application:

- Provider W-9
- Official documentation of acquisition
- Provider Roster (if you answered "Yes" to the question above)

Note: Failure to provide the required documentation will result in your request being incomplete.

## **Contract information**

Note: Completion of this form does not make you or your practice an in-network provider. Answers to these questions do not guarantee an outcome. Contract status is subject to review.

Email required documentation to your state's PacificSource contracting office:

IDContracting@PacificSource.com

MTContracting@PacificSource.com

ORContracting@PacificSource.com

WAContracting@PacificSource.com