Provider Information

Return to: PO Box 5406, Boise ID 83705
Fax to: 208-433-4605
Email to: ipn@ipnmd.com
Website: www.ipnmd.com

The information provided on this form is required for claims processing and directory information.

Please use additional forms for additional practice locations or practitioners/organizations.

EFFECTIVE DATE OF CHANGE: **PLEASE NOTE: IPN IS UNABLE TO GUARANTEE A RETROACTIVE PAYOR IMPLEMENTATION DATE**

☐ Add Provider to Group ☐ Change Information ☐ Add a New Location ☐ Add Provider to Hospital Based Location[1]

☐ Termination **Reason:**

Provider Information (name as shown on CMS 1500 Field 31 OR UB box 1)

☐ Individual Practitioner ☐ Organizational Provider	Name:			
NPI:	SSN (TRICARE required):	Degree:	DOB:	☐ Male ☐ Female
License No.:	DEA No.:	Is Practitioner Currently Active Military or Reserve? ☐ Yes ☐ No		

Practice Location Information (for patient visits and directory listing)

Practice Name (as it should appear in directories):	
Physical Address (Address, City, State, Zip):	County:
Required eff. 1/1/2022 per Title I – No Surprises Act, Sec. 116* ***Office Email:	**Required eff. 1/1/2022 per Title I – No Surprises Act, Sec. 116* ***Web Address:**
Practitioner Specialty (as practicing at this location):	
Location to appear in a directory for this practitioner? ☐ Yes ☐ No	
Location NPI:	Tax ID No. (Attach IRS W9):
Practice Phone (where patients call to make an appointment):	Practice Fax:
☐ Clinic Hours of Operation (complete specific hours below) (*ex. 8-5 – do not include midday closures*)	☐ Hospital Based Location[1] (hours are 24/7)
Mon |Tues |Wed |Thurs |Fri |Sat |Sun	
Practice Contact Name:	Practice Contact Email:

Billing Information (as billed on CMS 1500 Field 33 OR UB box 2)

Billing Name (as it should appear on claims):	
Billing Address (Address, City, State, Zip):	County:
Billing Contact Name:	Billing Contact Email:
Billing Contact Phone:	Billing Contact Fax:

Summary of Changes/Notes

Form completed by (Name):	Email:	Phone:

[1]**Hospital-Based Provider:** A practitioner is not required to credential with IPN and is considered "Hospital-Based" if he/she:

1. Provides health care services within an IPN-credentialed hospital,
2. Is privileged by the hospital,
3. Does not accept appointments for health care services at the hospital, and
4. Exclusively sees patients who have been directed to the hospital for health care services.

If the practitioner provides health care services at any other location not identified as a hospital, credentialing is required.