



### PROVIDER DEMOGRAPHIC DATA CHANGE FORM

This form serves as notification to Interface EAP for update of your service and mailing address. Please review and complete this form entirely to ensure all components are noted for accurate review.

\*Insert current information on file with Interface:

<b><u>Provider Name / Credentials:</u></b>					
<b><u>TID / FEIN:</u></b>			<b><u>NPI:</u></b>		
<b><u>Service Address:</u></b>			<b><u>Mailing Address:</u></b>		
<b><u>City:</u></b>	<b><u>State:</u></b>	<b><u>Zip:</u></b>	<b><u>City:</u></b>	<b><u>State:</u></b>	<b><u>Zip:</u></b>

**New Address Information:**

Service: \_\_\_\_\_  
\_\_\_\_\_

Mailing: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email : \_\_\_\_\_ Website: \_\_\_\_\_

New FEIN# or SS#: \_\_\_\_\_

*\*Please submit W9 with this form*

**Population:**  Geriatric  Adults  Adol 14-17  Pre-Teen 10-13  Children 7-9  Children 4-6  
 Infant/Todd 0-3

#### **Validation of your practice availability**

We need your help! To ensure our clients have access to appropriate and timely care, Interface Behavioral Health needs your updated provider practice information. Interface Behavioral Health must be confident in our ability to provide the most current network practice information. Keeping your practice data up to date *is essential* to ensuring **appropriate referrals, appointment availability, and accurate and timely reimbursement** of your EAP sessions.

**Please indicate which option applies to your practice:**

- Are you currently accepting new patients?  Yes  NO [Select reason below]  
 Illness  Maternity leave  Practice full to new patients  Professional travel  
 Sabbatical  Vacation  Leave of absence
- If you are accepting new patients, what is your approximate wait time for an appointment?  
 1 day,  2 days,  3 days,  more than 3 days
- What are your posted hours of operation?  M  T  W  Th  F  Sat  Sun
- What are your general hours of availability for new appointments?  
 M  T  W  Th  F  Sat  Sun
- Are you open to providing telephonic counseling sessions (coaching) for stress, reimbursed under your existing EAP rate?  Yes  NO

I hereby certify the information provided to be accurate to date.

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form to Interface Behavioral Health – Provider Relations Dept:**

- FAX: 713-784-3241
- EMAIL: [providerrelations@ieap.com](mailto:providerrelations@ieap.com)
- PHONE: 1-800-324-4327
- MAIL: P.O. Box 421879 Houston, Texas 77242-1879