St. Luke's Health Partners

BRIGHT PATH

☐ New Information ☐ Termination ☐ Change Information

☐ Add Location (attach malpractice face sheet) ☐ Facility Based Enrollment (attach malpractice face sheet)

Provider Change Form

Effective Date:_____

☐ Group Change ☐ Individual Change

Group Information			
Directory Name		Tax ID	
Legal Name		Group NPI	
Group Contact		Accepting new Commercial Patients?	Accepting new Medicare Patients?
Email		☐ Yes ☐ No	☐ Yes ☐ No

Address Information Change Applies to: ☐ Clinic/Group ☐ Provider(s) listed below

Primary Address				City		ST	ZIP
Phone		Fax		Hours of Operation	Open:	Close: ☐ 24 hours	☐ PCP ☐ SCP ☐ Urgent Care

Additional Address				City		ST	ZIP
Phone		Fax		Hours of Operation	Open:	Close: ☐ 24 hours	☐ PCP ☐ SCP ☐ Urgent Care

Billing Address				City		ST	ZIP
Phone		Fax		Billing Email			

If updating an existing address, indicate address to be eliminated	

Provider Information

Name		Title	Specialty		Gender
					☐ M ☐ F
DOB	NPI	License #(provide copy)		DEA #(provide copy)	PTAN #
Facility Privilege 1/Admit Plan		Facility Privilege 2		Facility Privilege 3	

Name		Title	Specialty		Gender
					☐ M ☐ F
DOB	NPI	License #(provide copy)		DEA #(provide copy)	PTAN #
Facility Privilege 1/Admit Plan		Facility Privilege 2		Facility Privilege 3	

Return all forms to:

St. Luke's Health Partners
805. W. Franklin Street, Boise, ID 83712
PO Box 1990 Boise, ID 83701-1990

Phone: (208) 381-1564
Fax: (208) 381-5175
Email: slhealthpartners@slhs.org