St. Luke's Health Partners

BRIGHT PATH

☐ Provider Add/Change Location* ☐ Provider Termination ☐ Facility Based Provider Application*

☐ Group Add/Change Location* ☐ Group Termination

*attach malpractice coverage policy face sheet

Update Form

Effective Date:___________________

Provider Information					
Name	Title	NPI		DOB	Gender
					☐ M ☐ F
Specialty (Primary)	License # **(Attach Copy)**		DEA #		PTAN #
Specialty (Secondary)	Board Certified		Facility Privilege or Admit Plan		
	☐ Yes ☐ No				

Does above provider practice at another Group/Tax ID? ☐ Yes ☐ No

If **Yes**, what % of provider's time is spent at Group listed below: _____________

Group Information			**Primary Group/Tax ID:** ☐ **Yes** ☐ **No**	
Directory Name			Tax ID	
Legal Name			Group NPI	
Credentialing Contact		Accepting new Commercial Patients?	Accepting new Medicare Patients?	
Credentialing Email		☐ Yes ☐ No	☐ Yes ☐ No	

Address Information								
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						
If changing locations, indicate what address should be eliminated:								
Additional Information:								

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) 381-9444
Email: slhealthpartners@slhs.org