

PROVIDER REQUEST FOR ADDRESS CHANGE/UPDATE

To ensure timely processing of your address update, please answer the following questions. In addition, please complete the Address Update form on the second page.

1. What services will be offered at this proposed new address/location? _____

2. Are you currently contracted with VBH-PA to provide the services listed above, for the county in which your proposed new address will be located? Yes/No
3. Is the proposed new address/location geographically in the same county as the provider address/location that is being changed? Yes/No
4. Is the proposed new address/location within ten (10) miles from the current location? Yes/No
5. Is the proposed new address/location expected to receive referrals from the same sources? Yes/No
6. Will the proposed new address/location serve essentially the same population as the current location? Yes/No
7. Do you have a current PROMISE ID (Pennsylvania Medicaid Number) for this service location? If so, please list:_____. If not, please go to the Pennsylvania DPW PROMISE website (http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/S_001994) to update your provider record.

Please provide a current email address for correspondence:

Please note that approval to add a new address/location for services is **dependent upon the status of the provider network for the applicable county(s)**. A list of currently open network services is available at http://www.vbh-pa.com/provider/prv_open_netwk_svcs.htm.

If you have any questions on how to complete the address update form please contact your Provider Field Coordinator through our Service Center Toll-Free Provider Line at 877-615-8503.

