2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062
1-855-242-0802
www.aetnabetterhealth.com/louisiana

PROVIDER INFORMATION CHANGE FORM

COMPLETE ALL APPLICABLE INFORMATION. INCOMPLETE SUBMISSIONS MAY BE RETURNED UNPROCESSED.
NOT FOR NEW PROVIDERS OR CONTRACTUAL OR CREDENTIALING CHANGES.

If you need to submit your licensed and/or unlicensed (BH groups only) provider roster, please complete our Data Long Form and OIG Form located at www.aetnabetterhealth.com/louisiana/providers/forms.

*1. INDICATE CHANGE(S) BEING SUBMITTED: *(Check all that apply — please include effective date for each item checked.)* * Section required.*			
	Effective date		*Effective date*
☐ Group information *(Complete sections 2, 3, 6)*	_____	☐ Practice status *(Complete sections 2, 4, 6)*	_____
☐ Billing information *(Complete sections 2, 3, 6)*	_____	☐ Termination *(Complete sections 2, 5, 6)*	_____
☐ Provider name *(Complete sections 2, 6)*	_____		
Indicate documents included: ☐ W9 ☐ Provider Roster ☐ Other _____			

PLEASE COMPLETE THE APPLICABLE SECTIONS BELOW TO UPDATE YOUR INFORMATION.
IF CHANGING TAX INFORMATION, YOU ARE REQUIRED TO SUBMIT AN UPDATED W9 WITH THIS FORM.

*2. GROUP INFORMATION: * Section required.*		
Group Name:		
Group NPI#:	Medicaid ID# *(if applicable)*:	TAX ID#:
Group Email Address:		
Street:		
City:	State:	Zip:
Phone:	Fax:	
Individual Provider (or Alternate) Email Address:		
Individual Provider Ethnicity:	Individual Provider Gender:	Individual Provider Language:

IF APPLICABLE, PLEASE ATTACH A SEPARATE LIST (ON LETTERHEAD) WITH THE NAMES AND NPI NUMBERS OF ALL OF THE PROVIDERS IN THIS GROUP FOR WHOM THE ADDRESS CHANGE IS APPLICABLE.

3. ADDRESS INFORMATION:			
ENTER *NEW OR ADDITIONAL* ADDRESSES BELOW		ENTER OLD ADDRESSES *TO BE TERMINATED* BELOW	
Address type: ☐ Primary ☐ Secondary ☐ Billing ☐ Mailing		Address type: ☐ Primary ☐ Secondary ☐ Billing ☐ Mailing	
Address line 1:		Address line 1:	
Address line 2:		Address line 2:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Office Hours:	Disability Access: ☐ Yes ☐ No	Office Hours:	Disability Access: ☐ Yes ☐ No
Languages Spoken by Provider or Office Staff:		Languages Spoken by Provider or Office Staff:	

Group Name: _____ Group Tax ID# _____

Address type: ☐ Primary ☐ Secondary ☐ Billing ☐ Mailing		Address type: ☐ Primary ☐ Secondary ☐ Billing ☐ Mailing	
Address line 1:		Address line 1:	
Address line 2:		Address line 2:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Office Hours:	Disability Access: ☐ Yes ☐ No	Office Hours:	Disability Access: ☐ Yes ☐ No
Languages Spoken by Provider or Office Staff:		Languages Spoken by Provider or Office Staff:	

4. INDIVIDUAL PROVIDER STATUS: *May be impacted by contract terms and follow-up may be required.*

Practitioner availability status:

☐ Accepting new patients ☐ Accepting existing patients only

☐ Closed (*not accepting new patients and not accepting existing patients*)

☐ Other (*please specify*) _____

Do you offer telemedicine/telehealth (i.e., video visits)? ☐ Yes ☐ No

5. TERMINATION: *Effective date may be impacted by contract terms and follow-up may be required. Attach a separate sheet (on letterhead) if multiple providers are terminating from group.*

☐ Group termination

- NPI# for Group location(s) terminating _____

☐ Individual Provider termination

- NPI# for Individual provider(s) terminating from Group _____

Reason for termination, please check only one box:

☐ Resigned ☐ Practice closed

☐ Retired ☐ Provider sanctioned*

☐ Deceased ☐ Provider transferred to (new group name) _____

☐ Moved out-of-state ☐ Other (*please specify*) _____

**Please provide a separate explanation of the details to the plan (i.e. sanction specifics).*

*6. CONTACT PERSON SUBMITTING INFORMATION: **Section required.*

Name:	Title:
Phone:	Fax:
Email:	
Date of submission:	

SUBMISSION INFORMATION:

Please submit your form to Aetna Better Health of Louisiana Provider Relations via email at LAProvider@aetna.com or fax at 1-860-607-7658.

Any questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling 1-855-242-0802 and following the prompts.

Thank you,
Aetna Better Health of Louisiana