

PROVIDER LOCATION ADDITION OR CHANGE REQUEST

Hospital Credentialing - It may take up to 60-90 days AFTER we receive all required information for final approval. Payor Enrollment - It may take up to 90-180 days AFTER we receive all required information for full enrollment. Submit form to local Medical Staff Office: East Region (Charlevoix, Grayling, Otsego) – Angela Gee agee02@mhc.net *** South Region (Cadillac, Manistee, Paul Oliver) – Heather Lucas hlucas@mhc.net Medical Center/Grand Traverse Region – Katryna Glettler kglettler@mhc.net Kalkaska Memorial Health Center - Teresa Smith tsmith9@mhc.net	
Person Completing Form:	Name:
	Title:
	Phone:
	Email:
Provider Start / Effective Date:	
Provider Name / Credentials	
Specialty:	
Provider Contact Information:	Name:
	Phone:
<i>(Who to contact for signatures/missing information/etc.)</i>	Email:
New location addition(s) and employment status (full/part time, etc.):	
List all locations the provider will perform services: Please note primary location <i>(example: all clinic & nursing home names)</i>	
<u>APP only</u> Note the collaborating or supervising physician for each location:	
Do you want this provider listed in the insurance payer directory as scheduling appointments at this location	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provider will be listed in the insurance payer directory as:	PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Hospital Based <input type="checkbox"/>
Is this location change confidential?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will Munson Healthcare be providing malpractice insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
CAQH: Call 1-888-599-1771 if need to obtain username/password	CAQH:
	Username:
	Password:
Other Comments/Special Requests:	