



SATELLITE LOCATION(S) INFORMATION (Page 1 of 2)

Please provide the following information:

Practice Name _____

Address _____

Telephone # _____

Fax # _____

Administrator Email _____

Please complete A, B, or C below, as needed to provide necessary information:

A. Satellite Location ADDITION(s)

1. Satellite Location Name _____

2. Physical address _____
(Street, City, State, Zip) _____

3. County _____

4. Mailing address _____
(if different from above) _____

5. Billing address _____
(if different from above) _____

6. Telephone # _____

7. Fax # _____

8. Satellite Administrator _____

9. Satellite Administrator Email _____

10. List providers practicing at this location, including individual NPI # and degree:

11. Effective Date for New Satellite Location: _____

B. Satellite Location TERMINATION(s)

1. Satellite Location Name _____

2. Physical Address _____

3. Effective Date of Term _____

4. List providers practicing at this location: _____

SATELLITE LOCATION(S) INFORMATION (Page 2 of 2)

1. Satellite Location Change of Demographic Information

Please complete only the items pertaining to the change, indicating the CURRENT information on the FIRST LINE and NEW information on the SECOND LINE:

a. Satellite Location Name OLD: _____

NEW: _____

b. Physical address OLD: _____

NEW: _____

c. Mailing address OLD: _____

NEW: _____

d. Billing address OLD: _____

NEW: _____

e. Telephone # OLD: _____

NEW: _____

f. Fax # OLD: _____

NEW: _____

g. Satellite Administrator OLD: _____

NEW: _____

h. Satellite Administrator OLD: _____

Email NEW: _____

i. Providers practicing at this location: _____

j. Effective Date of Demographic Change _____

k. Any other change of information not listed above:

