



Leon Health Plan Practice Address Change Request

Steps for Submission:

1. Complete the Practice address Change Form with the most current information and attach a W-9 if applicable.
2. E-mail the form to Provider Relations Department ProviderRelations@leonhealth.com or fax to 305-718-2873 and Credentialing Department Credentialing@leonhealth.com or fax to 305-718-2879.

Reason for submission required:

- Change of Address Addition of new location
 Change of Mailing Address Other

Submitter Details

Date today: _____
Practice tax ID: _____
Practice Name: _____
Submitter Name: _____
Submitter E-mail address: _____
Submitter Title: _____
Submitter Phone Number: _____

Service location address instructions:

- 1) Add Address: Enter NEW Address **ONLY**
- 2) Change Address: Enter Both **OLD** and **NEW** Address
- 3) Delete Address: Enter **OLD** Address **ONLY**

Old Office Address

Street Address 1 _____
Street Address 2 _____
City _____
State/Territory _____
Zip Code County _____
Phone Number: _____ Fax Number: _____

New Office Address

Street Address 1 _____

Street Address 2 _____

City _____

State/Territory _____

Zip Code County _____

Office Hours: _____

Phone Number: _____ Fax Number: _____

List Address in LHP Directory: Yes No

Pay to Address Instructions:

- 1)Add Address: Enter NEW Address **ONLY**
- 2)Change Address: Enter Both **OLD** and **NEW** Address
- 3)Delete Address: Enter **OLD** Address **ONLY**

Old Payee Address

Street Address 1 _____

Street Address 2 _____

City _____

State/Territory _____

Zip Code County _____

Phone Number: _____ Fax Number: _____

New Payee Address

Street Address 1 _____

Street Address 2 _____

City _____

State/Territory _____

Zip Code County _____

Phone Number: _____ Fax Number: _____