

Leon Health Plan Practice Address Change Request Form

Steps for Submission:

1. Complete the Practice address Change Form with the most current
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:

**if multiple reasons, please mark all of them*

- Change of Service Location Address (services will be performed at new location)
- Addition of Service Location Address (new/additional location where services will be rendered)
- Remove a Service Location Address (location no longer available for services)
- Change of Payee Address (new mailing address for payment and correspondence)
- Other, please explain: _____

Provider Details:

Practice Name: _____

Practice TAX ID: _____

Organization NPIs affected by this change: _____, _____

Submitter Details:

Date of submission: _____

Submitter's Name: _____

Submitter's Job Title: _____

Submitter's E-mail Address: _____

Submitter's Phone Number: _____

Service Location Address Change

Service location address instructions:

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

Old Address

Street Address 1:

Street Address 2:

City:

State/Territory:

Zip/Code:

Phone Number:

(____) _____

Fax Number:

(____) _____

New Address

Street Address 1:

Street Address 2:

City:

State/Territory:

Zip/Code:

Phone Number:

(____) _____

Fax Number:

(____) _____

Payee Address Change

Payee address instructions:

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

Old Address

Street Address 1:

Street Address 2:

City:

State/Territory:

Zip/Code:

Phone Number:

(____) _____

Fax Number:

(____) _____

New Address

Street Address 1:

Street Address 2:

City:

State/Territory:

Zip/Code:

Phone Number:

(____) _____

Fax Number:

(____) _____