PREFERRED
THERAPY PROVIDERS

THERAPIST CHANGE FORM

NOTE: THIS FORM IS FOR CREDENTIALED THERAPISTS ONLY

EMAIL COMPLETED FORM TO: CREDENTIALING@PREFERREDTHERAPY.COM

CLINIC INFORMATION

DATE COMPLETED:	
CLINIC NAME:	CLINIC TAX ID:
FORM COMPLETED BY:	TITLE:
EMAIL:	PHONE:

THERAPIST INFORMATION

THERAPIST NAME:	NPI:	CAQH#

REQUEST TYPE

REQUESTED CHANGE FOR THERAPIST:	CHANGE SERVICE ADDRESS		NAME CHANGE		TERMINATION		

THERAPIST SERVICE ADDRESS CHANGE

SERVICE ADDRESS 1	ADD		CHANGE		DELETE ONLY		EFFECTIVE DATE:
ADDRESS TYPE:	PRIMARY LOCATION		SECONDARY LOCATION				
STREET ADDRESS:							SUITE:
CITY:					STATE		ZIP:
SERVICE ADDRESS 2	ADD		CHANGE		DELETE ONLY		EFFECTIVE DATE:
ADDRESS TYPE:	PRIMARY LOCATION		SECONDARY LOCATION				
STREET ADDRESS:							SUITE:
CITY:					STATE		ZIP:
SERVICE ADDRESS 3	ADD		CHANGE		DELETE ONLY		EFFECTIVE DATE:
ADDRESS TYPE:	PRIMARY LOCATION		SECONDARY LOCATION				
STREET ADDRESS:							SUITE:
CITY:					STATE		ZIP:

THERAPIST NAME CHANGE

PREVIOUS NAME	LAST:	FIRST:	MI:
NEW NAME	LAST:	FIRST:	MI:
EFFECTIVE DATE:	**A COPY OF THE THERAPIST'S CURRENT LICENSE REFLECTING THE CHANGE MUST BE SUBMITTED WITH THIS FORM**		

THERAPIST TERMINATION

THERAPIST TERMINATED?	YES		NO		EFFECTIVE DATE:
REASON FOR TERMINATION:					

Completed forms should be emailed to Credentialing@PreferredTherapy.com

23460 N 19th Ave. Ste.250 Phoenix, AZ 85027
800-664-5240 Fax: 623-869-9102