



## Provider Status Change Request Form

### NH Healthy Families Provider Information

Provider Name: \_\_\_\_\_  
*Last* *First* *M.I.*

NPI: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_

### Status Change Requested (check all that apply)

**Provider's Status is:**

- Primary Care Provider
- Specialist
- Both

**Provider's Panel is:**

- Open
- Accepting Existing Patients Only
- Not Accepting Patients

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer

**Directions:** Please **fax** Provider Status Change Request Form to NH Healthy Families Member & Provider Services Department at (877) 502-7255 or **mail** it to:

**NH Healthy Families Member &  
Provider Services  
2 Executive Park Drive  
Bedford NH 03110**