

FEI Behavioral Health Affiliate Provider Information Update Form

This form is for existing FEI Affiliate Providers to notify us of any new information or changes to their current business. Completed form can be emailed to network@feinet.com.

If you are a new provider, have a Tax ID change, need to update provider roster, or need clarification regarding completing this form, please contact the Network Operations Department at 800-782-1948 option 2.

The fields marked with an asterisk (*) under this section are required for all updates.

Affiliate Provider Business Information*

Business Name*: _____

Primary Contact Person*: _____

Email*: _____

Phone*: (____) ____ - ____ Tax ID*: _____

Type of Change*

Address (any type) New Provider/Clinic Name Phone Number (any type) Fax

Effective Date of Change*: _____

Enter your **OLD** information under this section. **Only** complete the fields where the current information FEI has on file is changing.

Old Information

Old Business Name: _____

Old Physical Business Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Old Billing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Old Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

For Referrals: Old Phone Number: (____) ____ - ____ Old Fax Number: (____) ____ - ____

Old Email Address: _____

Complete the corresponding fields from the section above with your **NEW** information.

New Information

New Business Name: _____

New Physical Business Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

New Billing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

New Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

For Referrals: New Phone Number: (____) ____ - ____ New Fax Number: (____) ____ - ____

New Email Address: _____

Comments (If any of the above information needs clarification please leave a comment.)

Please send completed form to the Network Operations Department via email or fax to:

Email: network@feinet.com

Secure Fax: (414) 359-6519