

REPORTING PROVIDER:

NOT ON FILE

UPDATED INFORMATION*

COMPLETE FORM IN ITS ENTIRETY OR PROCESSING WILL BE DELAYED

If you wish to add a location only, please contact the Help Desk at 616.391.1361

Patient MR/HAR/Account #	Registration System (EPIC, Systoc, etc.)
Patient Name:	MRN:

*If this is an UPDATE for a provider record – check all boxes that need to be updated:

- | | | |
|------------------------|---------------|----------------|
| PROVIDER NAME | OFFICE NAME | OFFICE ADDRESS |
| ADDITIONAL OFFICE | REMOVE OFFICE | SUITE NUMBER |
| OTHER (specific below) | | |

PHYSICIAN/PROVIDER INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
*NPI NUMBER (required to identify provider)		SPECIALTY	
MEDICAL LICENSE NUMBER		STATE OF LICENSURE	
OFFICE NAME			
STREET ADDRESS			SUITE NUMBER
CITY	COUNTY	STATE	ZIP
PHONE		FAX	

FORM SUBMITTED BY (required):	PHONE (required):	FAX

SUBMIT COMPLETED FORM BY FAX OR EMAIL:

616.391.3115

shcvo@spectrumhealth.org

If you have any questions, call Medical Staff Services at **616.391.1609**