



# Provider Information Change Form

Trinity Health Ann Arbor, Chelsea Hospital, Trinity Health Livingston, Trinity Health Livonia, Trinity Health Oakland

Effective Date of Change: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Office Contact Phone: \_\_\_\_\_ Office Contact e-mail: \_\_\_\_\_

Primary Facility (check all that apply):  TH Ann Arbor  Chelsea  TH Livingston  TH Livonia  TH Oakland

## PROVIDER NAME:

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name: \_\_\_\_\_

Credentials:  MD  DO  DDS  DPM  NP  PA-C  CNM  CRNA

**PERSONAL:** Personal Change?  Yes  No

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred e-mail: \_\_\_\_\_

## OFFICE:

#1  Change  Addition  Remove

Practice Name: \_\_\_\_\_

Primary  Secondary  Mailing  Billing

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office contact name and email if different from above: \_\_\_\_\_

#2  Change  Addition  Remove

Practice Name: \_\_\_\_\_

Primary  Secondary  Mailing  Billing

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office contact name and email if different from above: \_\_\_\_\_

#3  Change  Addition  Remove

Practice Name: \_\_\_\_\_

Primary  Secondary  Mailing  Billing

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office contact name and email if different from above: \_\_\_\_\_

DIRECT Email:\*\* \_\_\_\_\_

\*\*A DIRECT e-mail address uses a national encryption standard for the secure exchange of healthcare data via e-mail. This e-mail address **MUST** come from an **Accredited DirectTrust Health Information Service Provider (HISP)**.

Once filled out, please e-mail or fax form to:  
Oakland: MedStaffServices@trinity-health.org / fax: 248-858-6096  
Liv/AA/LIVI/CH: aalivcredentialing@trinity-health.org / fax: 734-712-0133