

**MaineHealth Accountable Care Organization  
Behavioral HealthCare Program**

110 Free Street, Portland, ME 04101-3908 – (800) 538-9698 – (Fax) (207) 761-3079

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**BHCP Provider Change Form**

Please Print

Effective Date of Change(s): \_\_\_\_\_

Provider Name & Credential: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

New Physical Address: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

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

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

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

Tel. No: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Individual NPI #: \_\_\_\_\_ Group NPI#: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE INCLUDE SIGNED W-9 WITH CURRENT DATE**

Accepting New Patients: Yes \_\_\_\_\_ No \_\_\_\_\_

Please mail back to the MaineHealth ACO BHCP, 110 Free Street, Portland, ME 04101 or  
fax to: 207-761-3079