



Behavioral HealthCare Program • MaineHealth Accountable Care Organization

110 Free Street, Portland, ME 04101 • Phone: 800-538-9698 • Fax: 207-761-3079 • Website: bhcp.org

BHCP Provider Change Form

***Please include updated W-9 with current date**

____ Update information ____ Add provider ____ Remove provider

Effective Date of Change: _____

Provider Name & Credentials: _____

Business Legal Name: _____

Former Address: _____

City: _____ State: _____ Zip: _____

New Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

New Mailing/Billing Address (if different from physical address above):

City: _____ State: _____ Zip: _____

NPI #: _____ Individual Medicare ID #: _____

Tax ID #: _____ Group NPI #: _____

Email: _____

Additional Notes: _____

Are you accepting new clients? Yes No

Do you offer telehealth services? Yes No

If so, do you use a secure platform? Yes No

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