



Provider Status Change Request Form

CeltiCare Provider Information

Provider Name: _____
Last *First* *M.I.*

NPI: _____

Office Address: _____

City: _____ Zip Code: _____

Office Phone: () _____

Status Change Requested (check all that apply)

Provider's Status is:

- Primary Care Provider
- Specialist
- Both

Provider's Panel is:

- Open
- Accepting Existing Patients Only
- Not Accepting Patients

Prepared By

Date

Signature of Preparer

Directions: Please **fax** Provider Status Change Request Form to CeltiCare Member & Provider Services Department at **(617)787-1497**, or **mail** it to:

**CeltiCare Member & Provider Services
1380 Soldier's Field Road
Suite 300
Brighton MA, 02135**