



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services
Provider Enrollment Services

Update Provider Information Request

Instructions: No handwritten forms will be accepted. Please save the electronically updated form to your desktop and then email to VAMedicaidProviderEnrollment@gainwelltechnologies.com for processing. Authorized signers must be owners and/or managing employees who are listed on the provider portal.

You must provide the following information on all change request types so we can identify your record appropriately. Complete the additional areas below for the type of request that you selected:

NPI/API

Provider/Business Name

Service Location ID

What data would you like to update?

1. General Updates

Name Changes

Date of Birth (DOB)

Social Security Number (SSN)(only not showing on the portal)

2. Address changes

Email Address updates on the address pages Address changes for all locations under 1 Tax ID

3. ATN Email updates (for access to Revalidations)

4. Add FFS to Contracts (enrolled as MCO only)

5. Add TDO to Contracts

When requesting an update for one or more of the following, complete the updates that are needed.

1. General Updates:

Name Change (enter last name only)

Date of Birth Update

Social Security Number (Add only)

2. *Address Changes – applicable only to Limited Risk Providers – some providers may require a NEW application. Organizations are required to supply a copy of site specific licenses.

Single SL Address Changes:

Service

Pay To

Mail To

IRS

Remit To

Multiple locations Address Changes (all with same Tax ID):

Pay To

Mail To

IRS Address

Remit To

Service Address Line 1 Update

Service Address Line 2 Update

Service City, State Update

Service Zip Code Update

Pay To/Mail To/IRS/Remit To Line 1 Update

Pay To/Mail To/IRS/Remit To Line 2 Update

Pay To/Mail To/IRS/Remit To City, State Update

Pay To/Mail To/IRS/Remit To Zip Code Update

Email Address Update

Phone Number

Fax Number

3. If you need access to an Enrollment or Revalidation ATN, update the following:

ATN Number

ATN Email Address Update

Last 4 digits of Tax ID (SSN or EIN)

Business Name

DOB for provider

4. Add FFS

5. Add TDO

4. Authorized signer must be an Owner or Managing Employee who is listed on the provider portal. If the changes are for an Individual, Individual within a Group, or Ordering, Prescribing or Referring provider - the individual should be the signer of this form.

Authorized Name/Individual with change

Date

Last 4 SSN of Authorized Name/Individual with change