CSINetworkServices®
An Option Care Health Company

Agency Update Form

Please complete the entire form with all updates or changes to your agency's information

Date Updates/Changes Effective:	

	ORIGINAL AGENCY INFORMATION
Contract Name:	
Effective Date:	
Main Address:	
Main Phone:	
Main Fax:	
	AGENCY CHANGE INFORMATION
Requesting Complete Name Change or DBA (Please Indicate):	
Requesting Address/ Phone/Fax Changed to:	
Ownership Changes and Effective Date of Change	
	Attach an Updated Form W9 for any changes reflecting the business and/or dba name and address changes.
	AGENCY VERIFICATION OF INFORMATION
Agency County Coverage:	
Please list other Locations: (Include Full Address, Phone and Fax)	
Does your agency have centralized Intake/Authorization and Billing? If so, which location?	

	CLAIMS AND PAYMENT INFORMATION
The name and address you want CSI to submit your payments to:	
The agency name/s that will appear on the claims that are submitted to CSI:	

	Agency information pertinent to contracting and billing:	
Identification Numbers:	**Changes?**	**If changes, please add new identification numbers below:**
Tax ID	□ **Yes** □ **No**	
NPI Number	□ **Yes** □ **No**	
Medicare	□ **Yes** □ **No**	
Medicaid	□ **Yes** □ **No**	

We periodically send out updates and notifications to our agencies about changes related to the payers, and/or processes and procedures. Please indicate at least two key contact people at your agency that these notification should be emailed to.

	MAIN CONTACTS FOR AGENCY			
POSITION	**NAME**	**PHONE**	**EMAIL ADDRESS**	**LOCATION**
DON				
ADMIN				
INTAKE				
AUTHORIZATION				
BILLING				
OTHER				

Please make sure to check our portal for the latest updates, or contact the Network Department for any updated information or process guides.

Form Completed by:

Name (please print)	
Title	
Signature	
Date	

Please return this form via email to joanne.kaminski@optioncare.com or via mail to:

Clinical Specialties Network Services

Attention: Joanne Kaminski

6288 Hudson Crossing Pkwy, Hudson OH 44236

Internal Use Only

_____ Rex Updated

_____ Reimbursement Notified

_____ Agency Roster

_____ Payer Log