

Provider Group Status Verification

Contracted providers please help us keep our information accurate and current. If a provider is no longer with your group please let us know.

Complete form and email to providerservices@chcnetwork.org or fax to **510-297-0445**.
If you have any questions please call Provider Relations at 510-297-0245.

Today's Date:	
Group/Business Name:	
Tax ID:	
Provider Name:	
Provider NPI:	
Specialty:	
Medical License Number:	
Date Provider Left Group:	
Reason Provider is no longer with Group:	
Contact Name:	
Contact's Title/Position:	
Contact Phone:	
Contact E-mail:	
Contact Fax:	
Information Confirmation Signature:	