

Professional Providers Only

Clover Health

Update Request/Attestation

Email: Providers@Cloverhealth.com

Fax: Provider Data Management 1-866-201-3008

INSTRUCTIONS

Use this form to report provider information changes or updates. **W9 is required if changing billing address.**

Email form to Providers@Cloverhealth.com or Fax to Provider Data Management 1-866-201-3008

GENERAL INFORMATION

Medicare Advantage		Direct Contracting	
Office Contact	Phone #	Date	
Practice Email	Preferred Method of Contact		
	Phone	Email	
Practice Name	Practice NPI	Tax ID	
Provider Name	Provider National Provider Identifier	SSN	

ADDRESS OR PHONE NUMBER CHANGE

Check all boxes that apply for the type of change and specify what is changing

Change 1	Effective Date:	Change 2	Effective Date:
Type of Change:	What's Changing	Type of Change:	What's Changing
Add New	Office	Add New	Office
Term	Mailing	Term	Mailing
Change	Tax ID	Change	Tax ID
	Payee/billing/vendor		Payee/billing/vendor
Old Address		Old Address	
New Address		New Address	
New Phone #	New Fax #	New Phone #	New Fax #

NAME CHANGE

For an individual name change, attach copy of marriage license, divorce decree, etc.

Previous Name	New Name	Effective Date
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TAX ID CHANGE (ATTACH W9)

Previous Name	New Name	Effective Date
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PROVIDER LEAVING PRACTICE

Provider Name	Effective Date
Reason for leaving	
Resigned from Group	Retired
Other	Deceased

SPECIALTY CHANGE		
Previous Specialty		New Specialty
Is the provider board certified in this specialty?		
	YES	NO If yes, attach a copy of board certification

AUTHORIZED SIGNATURE		
Person authorized to make change (Print or Type Name)		Email
Signature	Title	Date