



Provider Update/Change Form

Use this form to correct or add information contained in your listing.
Please print legibly.

RMHP provider number (include suffix) _____

Provider name (for validation) _____

Complete only the fields that require correction:

Address _____

County _____ Telephone number _____

Practice name _____

UPIN or NPI number _____ Fax number _____

Date of Birth _____ Sex _____

Specialty _____ Languages _____

Contact name for questions: _____

Telephone number for questions: _____

Fax completed request to RMHP Professional Relations at 970-244-7957.