

# Ownership and acquisition change request form



Providers and practices going through an acquisition or acquiring another practice are required to report any changes. All acquisitions must be reported **at least 30 days before the effective date.**

## Who needs to complete this form:

- Businesses acquiring or merging with a new provider or practice
- Those participating in a buyout
- In- and out-of-network providers

## Required information:

- Provider W-9
- Official documentation of acquisition
- Provider Roster

## Provider acquisition information

New legal name \_\_\_\_\_

Prior legal name \_\_\_\_\_

New tax ID: \_\_\_\_\_ Prior tax ID: \_\_\_\_\_

New NPI: \_\_\_\_\_ Prior NPI: \_\_\_\_\_

New DBA name \_\_\_\_\_

Prior DBA name \_\_\_\_\_

New CLIA number: \_\_\_\_\_ Prior CLIA number: \_\_\_\_\_

## Primary practice information

Street address \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax number \_\_\_\_\_

## Provider Roster

Do you have a Provider Roster?    Yes    No

If you don't, you'll need to give us the name and NPI number of each provider at your practice. If your practice contains more than eight providers, you need to submit the roster as an Excel file.

## Practice billing information

Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax number \_\_\_\_\_

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## Billing contact

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax number \_\_\_\_\_

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## Required documentation

Please email us the following after you complete your application:

- Provider W-9
- Official documentation of acquisition
- Provider Roster (if you answered “Yes” to the question above)

Note: Failure to provide the required documentation will result in your request being incomplete.

## Contract information

Note: Completion of this form does not make you or your practice an in-network provider. Answers to these questions do not guarantee an outcome. Contract status is subject to review.

Email required documentation to your state’s PacificSource contracting office:

[IDContracting@PacificSource.com](mailto:IDContracting@PacificSource.com)

[MTContracting@PacificSource.com](mailto:MTContracting@PacificSource.com)

[ORContracting@PacificSource.com](mailto:ORContracting@PacificSource.com)

[WAContracting@PacificSource.com](mailto:WAContracting@PacificSource.com)