



DEMOGRAPHIC CHANGE REGARDING PRACTICE

Please provide the following information:

- a. Practice Name _____
- b. Practice Address _____
- c. Practice Telephone # _____
- d. Practice Fax # _____
- e. Practice Administrator _____
- f. Practice Administrator email _____

Please complete only the items pertaining to the change, indicating the current DirectNet information followed by the new information:

	<u>CURRENT</u>	<u>NEW</u>
1. Practice Name	_____	_____
2. Physical Address	_____	_____
3. Mailing Address	_____	_____
4. Billing Address	_____	_____
5. Tax ID#	_____	_____
6. NPI # (individual)	_____	_____
7. NPI # (group)	_____	_____
8. Telephone #	_____	_____
9. Fax #	_____	_____
10. Administrator	_____	_____
11. Administrator Email	_____	_____

Upon completion of the above information, please PRINT and mail to:

DirectNet
1333 2nd St., NE-Suite 200
Hickory, NC 28601

Or Fax to:

DirectNet
(828) 485-4334