



November 16, 2017

Subject: Please notify us when your information changes

We have been surveying providers to validate demographic information. Toward that end, we want to remind you to notify us immediately of any changes to the following:

- Billing and/or mailing address
- Tax Identification Number or Entity Affiliation (W-9 required)
- Group name or affiliation
- National Provider Identifier
- Telephone and/or fax number
- Hospital affiliations
- Provider panel status (open/closed)
- Providers leaving your practice

You may submit the changes on a [Provider Change and Termination Form](#) available at wellsense.org. Once you complete the form, you can postal mail, email or fax it to:

*Well Sense Health Plan
Provider Engagement Department
529 Main Street, Suite 500
Charlestown, MA 02129*

Email: NHProvider.Enrollment@WellSense.org

Fax: (866)779-5948

If you have any questions, please call your dedicated Provider Relations Consultant.