DIAGNOSTIC IMAGING
CENTERS, P. A.

REFERRING PROVIDER PROFILE CHANGE REQUEST

Diagnostic Imaging Centers, P.A. strives to keep an accurate, up-to-date provider database to ensure all imaging results are obtained promptly, and our patients receive the best possible care. Please notify us of any changes regarding your Practice in order to safeguard Protected Health Information and successfully facilitate future patient correspondence.

Please provide the following information regarding any changes to your clinic location, Practice name, phone number, fax number, etc. You may fax requests to our Administration office at 913-696-0058, or simply click on the "submit" button to generate an email and send pdf as an attachment.

Please select reason for change if applicable, and complete **all** fields to ensure that your referring provider account has correct contact information. For example, if the only change is the phone number please provide Practice name, address, fax number, *as well as* the new phone number.

PROVIDER INFORMATION:

Provider Name: _____ **Title:** _____ **NPI #:** _____

❑ Change of Address ❑ Change of Phone Number ❑ Change of Fax Number
❑ Change of Practice Name ❑ Other: _____

NEW INFORMATION:
NAME OF PRACTICE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PRACTICE PHONE #: _____
PRACTICE FAX #: _____

- **Is the NEW information REPLACING your current referring provider account information?**

❑ **YES**, please deactivate current account and create new profile with updated information.

(Please provide us with the OLD information to deactivate.)

NAME OF PRACTICE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PRACTICE PHONE #: _____
PRACTICE FAX #: _____

❑ **NO**, please create an ADDITIONAL account. The Practice has more than one location.

- **Are there other providers in your Practice that this change request applies to?**

❑ **YES**, please mirror this request to other providers in this Practice. *If there are multiple providers this change request applies, please provide a list of their names in the "Additional Notes" section below, so we update all accounts in the Practice to reflect change.

❑ **NO**, this is an individual request.

SUBMIT REQUEST

Additional Notes: