

Provider change request

Add or removal



Facility name:	
Street address:	
City, State and Zip:	
Collection center code:	

LabLink client? No Yes

Contact name:	
Contact phone #:	

ADDITIONS

Complete legal name (Last, First, MI)	Creden- tials	Specialty	NPI	Effective date

REMOVALS

Complete legal name (Last, First, MI)	Creden- tials	Allina Health PID	New practice location	Effective date

For provider name changes, contact your Account Representative at the email address below.

Email the completed document to your account representative:

Lisa Johnson lisa.r.johnson2@allina.com

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