

To	Provider Network Management	Fax	1-408-362-9817 or email to ProviderServices@scfhp.com
From		Date	

Please fill out the form below to notify Santa Clara Family Health Plan of any changes to your demographic information. You are required to notify SCFHP immediately of changes to this information. If you wish to make changes in your participation status or have questions, please call our Provider Network Management Department at **1-408-874-1788**.

Provider Name (Required)				NPI (Required)		
License # (Required)		Expiration Date (Required)		Accepting New Patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address						
Phone				Fax		
Provider Email	<input type="checkbox"/> This email is intended for patient communication and should be published in the provider directory.					
Website				Office Hours		
Specialty with Taxonomy Code (Required)					Board Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Board Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital Privileges						
IPA/Provider Group/Medical Group						
Languages Spoken by Provider						
Languages Spoken by Office Staff (Non-Clinical)						
Languages Spoken by Clinical Staff						
Languages Spoken by Skilled Medical Interpreters at this Location						
Age Limits (Please Specify)				Gender Limits (Please Specify)		
Current Tax ID #		New Tax ID #*		Effective Date		

*If submitting a new tax ID number, please [complete a W-9 form](#).