

# ACU-CARE

Acupuncture in Managed Care

## Profile Change or Correction

If you have a correction or change to your personal profile, please complete the change of information form below—include both the old information and the new information. **Mail to: AcuCare, 2500 E Foothill Blvd., Suite 401A, Pasadena CA 91107 or Fax to 626.793.3346.**

**e x i s t i n g**

**n e w**

**effective date:**

acupuncture license number: \_\_\_\_\_ npi number: \_\_\_\_\_ Gender:  Female  Male

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**If your tax I.D. Number has changed, please download and complete the W9 form and return to AcuCare by fax or by mail.**

tax i.d. number: \_\_\_\_\_

tax i.d. number: \_\_\_\_\_

mailing address:

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

email \_\_\_\_\_

mailing address:

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

email \_\_\_\_\_

**ALL new locations MUST HAVE A SITE INSPECTION. THERE IS A SITE INSPECTION FEE OF \$60 PAYABLE PRIOR TO INSPECTION.**

\$60 Site Inspection Fee Paid for each new location

Send General Liability Ins. (1M/2M) to Acu-Care for each new location.

**Office No. 1**

Clinic Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

**Office No. 2**

Clinic Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

**Office No. 3**

Clinic Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_