Amendment to Passport and Team Care Provider Agreement for Private Group Practices

Adding Names of Additional Staff Who Will Provide Primary Care Case Management Services

New physicians and/or mid-level practitioners joining a private group practice and providing patient primary care case management services under this contract must complete the information requested below.

By signing this amendment you are bound to the terms of the agreement. This agreement should be filled out by members of the private group practice who meet the requirements of being a primary care provider.

Please provide the information requested below and fax this form to the Xerox Passport Enrollment Broker at 406.442.2328. If you have any questions, call the Passport Provider Lead at 406.457.9558.

Passport Group Provider _____ Date _____

Print New Provider's Name	New Provider's Signature	Provider Type: (See Below)	New Provider's NPI

Provider Type:

P = Physician
CNP = Certified Nurse Practitioner
CNM = Certified Nurse Midwife
PA = Physician Assistant