

**ILLINOIS MENTAL HEALTH COLLABORATIVE
-HOW TO-
COMMUNICATE PROVIDER FILE CHANGES**

These forms are to be used to communicate changes related to the information that resides/should reside in the collaborative provider database.

PLEASE NOTE:

- 1. Each form or set of forms should be accompanied by one fully completed 'Transmittal of Documents' sheet.**
- 2. If making changes to general administrative information use 'Form 1' labeled ADMINISTRATION INFORMATION (only one form needs to be submitted for these changes)**
- 3. Form 2 labeled "Request for Change to Service Location Record" should also be used for adding new sites and services or deleting existing sites and services that are no longer being utilized (please complete a separate "Form 2" for each location that requires communicated changes).**
- 4. For changes to NPI information use the 'NPI SUBMISSION FORM' (follow the instructions on the form)**

If you have any questions, contact your Contract Manager or DMH Region Office.