

## Help ensure accuracy of provider directory

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CMS requires that we ensure that the information in our provider directories is accurate; therefore, we conduct quarterly verifications of provider demographic and participation information. You may receive a fax, email or letter requesting that this information be confirmed. We appreciate your continued cooperation with this initiative.

Upon receipt of your verification form, please validate your demographic information for the specific location identified indicate if changes are required, fax back a revised form to the number indicated in your communication. If we need to verify information for your other locations or plans, we will contact you separately.

For reference, we will ask you to submit any changes to the information listed below. Upon receipt, we will include those changes in the provider directory within 30 days.

- Provider name
- Provider specialty
- Street address
- Phone number
- Accepting new patients
- NPI
- Fax number
- Email
- Handicap accessibility

782-1220-PN-ME  
789-1220-PN-NH

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