CCPA Purchasing Partners, LP
225 E. Chicago Avenue, Box 113
Chicago, Illinois 60611-2605
Phone: 312.227.7444
Fax: 888.276.2344

Update to Existing Practice or Physician Information

Please email/fax completed forms to papatel@ccpapp.org or 888.276.2344. You can also update this information by logging into https://www.ccpapp.org/members/ and clicking on the **Membership** tab underneath **My Account.**

SECTION I - PRIMARY PRACTICE NAME AND ADDRESS

Practice Name: _____

Practice Address: _____Suite Number: _____

City: _____State: _____ Zip Code: _____

Phone: _____ Primary Contact/Office Manager (Name & Title): _____

SECTION II - PRACTICE/PHYSICIAN(S) MODIFICATION REQUEST FOR INFORMATION

EFFECTIVE DATE OF CHANGE:

☐ **UPDATE CURRENT ADDRESS** Please complete Section III and select **CHANGE**. ☐ **ADD A NEW SITE ADDRESS** Please complete Section III and select **ADD**. ☐ **DELETE A SITE ADDRESS** Please complete Section III and select **DELETE**.	☐ **ADD PHYSICIAN(S)** Please complete Section IV and select **ADD**. ☐ **REMOVE PHYSICIAN(S)** Please complete only the Physician Name and Title of Section IV and select **REMOVE**.

☐ **OTHER:** Please explain the modification you would like to make:

SECTION III – CHANGE, ADD, DELETE ADDRESS (Attach additional sheets if necessary)

PLEASE SELECT: ☐ **CHANGE** ☐ **ADD** ☐ **DELETE** ☐ **SEE ATTACHED ROSTER (PLEASE INCLUDE WITH THIS FORM)**

Practice Address: _____Suite Number: _____

City: _____State:_____ Zip Code: _____

Phone: _____Fax:_____

Email* (OPTIONAL): _____

SECTION IV – ADD OR REMOVE PHYSICIAN FROM PRACTICE (Attach additional sheets if necessary)

PLEASE SELECT: ☐ **ADD PHYSICIAN(S)** ☐ **REMOVE PHYSICIAN(S)** ☐ **SEE ATTACHED ROSTER (PLEASE INCLUDE WITH THIS FORM)**

Physician Name and Title: _____

NPI Number: _____State Medical License: _____ DEA Number: _____

Practice Address: _____Suite Number: _____

City: _____State:_____ Zip Code: _____

Email* (OPTIONAL):_____ Gender: Male____ Female____

Specialty(s)/subspecialty(s): _____

*_**Please note:** Your email address is used by CCPA Purchasing Partners only for the purpose of sending out important communications and membership updates. We require that your practice provides CCPAPP with at least one valid email address to ensure that your practice is in receipt of the information. You may also provide additional email addresses to be included in our email distribution. If any of the email addresses provided to CCPAPP are updated, please notify CCPAPP right away._