

FEI Behavioral Health Affiliate Additional Business Location Form

This form is for existing FEI Affiliate Providers to notify us of a new business location. Completed form can be emailed to network@feinet.com.

If you are a new provider, have a Tax ID change, need to update provider roster, or need clarification regarding completing this form, please contact the Network Operations Department at 800-782-1948 option 2.

The fields marked with an asterisk (*) under this section are required for all updates.

Affiliate Provider Business Information*

Business Name*: _____

Primary Contact Person*: _____

Email*: _____

Phone*: (____) ____ - ____ Tax ID*: _____

Effective Date of Change*: _____

Enter your additional business location information under this section.

Business Name: _____

Physical Business Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Billing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

For Referrals: Phone Number: (____) ____-____ Fax Number: (____) ____-____

Comments (If any of the above information needs clarification please leave a comment.)

Please send completed form to the Network Operations Department via email or fax to:

Email: network@feinet.com

Secure Fax: (414) 359-6519