

# UnityPoint Health<sup>®</sup> PLUS+

## Provider Name Change Form

If you are currently participating in UnityPoint Health Plus and have changed your name, please complete the following and fax to UnityPoint Health Plus Provider Relations at (309) 999-5652.

**Provider Previous Name:** \_\_\_\_\_

**Provider New Name:** \_\_\_\_\_

**Effective Date of Change:** \_\_\_\_\_

**Reason for Name Change:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You must also attach:

Updated State of Illinois License

Updated Certificate of Liability