



Please use the attached Provider/Facility Change Form to report any changes to your organization. This will help ensure payment and directory accuracy.

Scan and email the form to (preferred): ProviderSupport@vibrahealthplan.com

or Mail to: Vibra Health Plan
P.O. Box 60250
Harrisburg, PA 17106-0250

or Fax to: 1-717-963-7734

If you have any questions, please contact us at:

Email: ProviderSupport@vibrahealthplan.com

Phone: 1-717-510-6301

Toll Free: 1-844-440-4629



Request Changes to Provider/Facility Information

Return to: Fax (717) 963-7734 or Vibra Health Plan, P.O. Box 60250, Harrisburg, PA 17106-0250

Questions call toll free (844) 440-4629

Facility Legal Name / DBA (required):
Facility Federal Tax ID (required):

****PLEASE UPDATE CHANGES ONLY****

Type of Change: _____

Effective date of changes: _____

Facility Legal Name / Facility DBA		
Provider/Facility NPI (Type 2):		
Facility Website:		
Primary Contact Name:	Phone #:	E-mail:
Billing/Credentialing Contact Name:	Phone #:	E-mail:
Billing/payment Address:	Phone #:	Fax #:

Provider/Facility Location(s) – physical location where patients receive services

Address	Phone	Fax	TIN #	CCN #	Add	Delete
1) Primary:						
2) Additional:						
3) Additional:						

Please indicate counties where services are provided (if applicable)

Adams	Chester	Huntingdon	Mifflin	Pike	Wayne
Berks	Clinton	Juniata	Monroe	Potter	Wyoming
Bucks	Columbia	Lackawanna	Montgomery	Schuylkill	York
Bedford	Cumberland	Lancaster	Montour	Snyder	
Blair	Dauphin	Lebanon	Northampton	Sullivan	
Bradford	Delaware	Lehigh	Northumberland	Susquehanna	
Carbon	Franklin	Luzerne	Perry	Tioga	
Centre	Fulton	Lycoming	Philadelphia	Union	

Signature of Authorized Representative

Title

Date

Phone #