

## Control File Changes

Fax To: (513) 636-5254

Attention: Application Specialist Team

Circle: **PRISM /NEXTGEN**

From: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Practice Fax: \_\_\_\_\_

Please add the following:

CPT Code	New Fee	CPT Code	New Fee	CPT Code	New Fee	Effect Date	NDC #

Account Status Code

Credit Status Code

Patient Status Code

Zip Code

Code	Description	City	State

Please update the following:

Old CPT Code	New CPT Code	Effective Date

Other Changes / Comments

Prism/EPM Request Received On: \_\_\_\_\_ Change Made By: \_\_\_\_\_ Change Date: \_\_\_\_\_

EMR Request Received On: \_\_\_\_\_ Change Made By: \_\_\_\_\_ Change Date: \_\_\_\_\_