

Control File Changes

Fax To: (513) 636-0504

Attention: Application Specialist Team

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

EPM Request Received On: _____ Change Made By: _____ Change Date: _____

EMR Request Received On: _____ Change Made By: _____ Change Date: _____