



# Treatment Contract Amendment Request Form

**Agency Name:**

**Date Requested:**

**Amended Location(s):**

**Effective Date:**

**Person Requesting:**

Proposed New/Removal of Treatment Services		
Add/Remove Location <input type="checkbox"/>	Add/Remove Service Code(s) <input type="checkbox"/>	Other <input type="checkbox"/>
Add/Remove	Locations or Codes	Proposed Posted Rate of Service

**Describe below how the service code(s) will be used and which Provider Type is expected to use it, or reason for expiring the service code(s).**

**Instructions:**

Agency Name: Print the name of the agency requesting the amendment.

Date Requested: Print the date the contract amendment proposal form is submitted to the PIHP.

Amended Location(s): Print the location(s) where the amendment will be effective. If there are multiple locations, please provide this information in the comments section.

Effective Date: Print the date when the provider would like the amendment to be effective. Please note that for Usual and Customary rate changes or the addition of services, a minimum of 60-day notice is required.

Person Requesting: Print the name of the individual who is requesting the amendment.