



1901 Las Vegas Blvd. So.
Suite 101
Las Vegas, Nevada 89104-1309
(702) 892-7313
www.culinaryhealthfund.org

January 1, 2025

Dear Valued Culinary Provider:

When seeking health care services, our participants often rely upon the information in our online provider directory. Beginning April 1, 2022, the Federal Consolidated Appropriations Act (CAA) of 2021 requires that certain provider directory information be verified every 90 days.

This means that starting April 1, 2022, you must:

- Verify your group's demographic data (such as service location address/phone number changes, entity/doing business as (DBA) name changes) for our provider directory **once every 90 days**.
- Update your data when it changes, including when providers join or leave a practice.

Under CAA, we are required to remove providers from our online directory whose data we are unable to verify. Therefore, if you have a change in your practice, you should contact us to update your information immediately.

We are recommending that providers notify us of changes in their practice by submitting an Address Update Information Form (copy attached). This form can also be found on our website, culinaryhealthfund.org. If you are an existing provider who needs to report a legal name change, please submit the change in writing along with an updated W9 form to initiate the update process.

If you need to add a provider to your current contracted group, please complete the Group Add Request form and a completed Nevada state standard credentialing application, both of which can be found on our website. Once the form and credentialing requirements are complete, we will add the provider to the practice and send a letter to the contracted group. Credentialing can take up to 90 days.

If you have no changes to report, please indicate that on the Address Update Information Form along with your group name and tax ID number and return that to us via fax or email as indicated below.

Please submit all changes via email to:
contractsandcred@culinaryhealthfund.org or via fax to 702-892-7365.

If you have any questions, please contact Provider Network Services at (702) 892-7313, option 1.

Sincerely,
The Culinary Health Fund Administrative Services, LLC



PLEASE FILL OUT THIS FORM IN ITS ENTIRETY

**CULINARY HEALTH FUND ADMINISTRATIVE SERVICES LLC
PROVIDER ADDRESS INFORMATION**

PRACTICE NAME: _____

CORRESPONDENCE MAILING ADDRESS:

ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

NEW REMOVE Effective Date _____

BILLING ADDRESS:

ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

NEW REMOVE Effective Date _____

CREDENTIALING ADDRESS:

ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

NEW REMOVE Effective Date _____

TAX IDENTIFICATION NUMBER: _____

SITE LOCATION ADDRESS:

[1] ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

NEW REMOVE Effective Date _____

[2] ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

NEW REMOVE Effective Date _____

[3] ADDRESS _____

PHONE _____ FAX _____

CONTACT/E-MAIL _____

NEW REMOVE Effective Date _____

*If more than 3 sites please attach complete roster including site/providers.
 Site roster attached.*

PROVIDER NAME SPECIALTY LOCATION NO. Ex.: [2] or all.

Culinary Health Fund

Via Fax at: 702-892-7365

or

Email: contractsandcred@culinaryhealthfund.org

If more providers please attach complete roster including site/providers. Site roster attached