



**Kaiser Permanente Provider Contracting and Relations
 Contract Demographic Form – Commercial Providers
 HR133 No Surprises Act - SCAL**

1. Instructions

The purpose of this form (supporting HR 133) is for Kaiser Permanente’s (KP) Commercial contracted providers to notify KP of changes related to your demographic information. Please use this form to confirm accuracy of current demographic data for your provider listing on kp.org:

- **Contract Administration:**
 - Facility name
 - Business address – location(s) where members receive care
 - Business phone/email
 - Facility NPI
 - Facility CA license(s)

Please visit the Institutional Provider page on the ***KP Southern California Community Provider Portal*** <https://healthy.kaiserpermanente.org/southern-california/community-providers/provider-info#institutional-services-providers> to print out additional copies of this form.

This form should be legibly written in **CAPITAL LETTERS** or typed.

Submit the completed form to ND&A via email: NDA-SCAL@kp.org

Note: After receipt of a completed form, we may need to contact you for additional information. Please make sure to indicate an appropriate contact in **Section 3**.

2. Facility Information (REQUIRED)

Facility Name:

Facility Address:

Business Phone:

Business Email:

Facility NPI:

Facility CA License(s):

[Check this box if any information above is new](#)

3. Contact Information (REQUIRED) Indicate a person whom we may contact for questions or additional information related to this form.	
Name:	
Job Title:	
Telephone:	Primary Email:
Secondary Email:	

If you need to indicate additional places of service and referral notification information, please make copies of this page, or provide a separate list with the above information.