



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

July 1, 2022

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](http://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](mailto: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 \_\_\_\_\_

**PROVIDER NAME**

**SPECIALTY**

**LOCATION NO. Ex.: [2] or all.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**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.

**Culinary Health Fund**

Via Fax at: 702-892-7365

or

Email: [contractsandcred@culinaryhealthfund.org](mailto:contractsandcred@culinaryhealthfund.org)