

## Provider Profile – Provider Name Change

The **Provider Profile** page allows you to make changes to your name.

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**OUTSTANDING CREDENTIALING ITEMS**  
 Click [here](#) to view the following:  
 • Items you need to submit before Parallon can complete your credentialing process.  
 • Items you need others to submit before Parallon can complete your credentialing process.  
 • Items that have been verified by Parallon during your credentialing process.  
 The number you see is a count of the items you or someone else needs to submit before Parallon can complete your credentialing process.

**EXPIRING ITEMS**  
 Click [here](#) to view the following:  
 • Your Licenses with the expiration dates  
 • Your Boards with the expiration dates  
 • Your Insurance with the expiration dates  
 The number you see is a count of all items that will expire in the next 45 days.

**FACILITIES**  
 Click [here](#) to view the following:  
 • Facilities where you currently have or are requesting privileges.  
 • Your existing (or requested) privileges at each facility (from here you can also request additional privileges at a facility).  
 The number you see is a count of all of the facilities where you currently have or are requesting privileges.

### Change Provider Information

On the change provider information screen, you may request a change your first, middle, and last name as well as your degree. You may also select the date for the new information to become effective.

1. To make the stated changes, click **Edit**.

**PARALLON**  
 CREDENTIALING PORTAL

WELCOME Dr. Smith

Provider Profile  
 DR. SMITH

Change Password | Change Security Questions | Change Delegate

**Provider Demographic**

Name	Tessa Evett Smith MD	<b>Edit</b>
Date of Birth	11/23/1979	<b>Edit</b>
Email	damita.goods@parallon.net	<b>Edit</b>

**Primary Address**  
 This is your primary office location.

Type	Address	<b>Edit</b>	<b>Delete</b>
Home Address	607 Oakley Street, Unit #1 Houston, TX 77006 P: (912) 441-2982 F:	<b>Edit</b>	<b>Delete</b>

**Credentialing Address**  
 This is the address where you like your credentialing information sent.

### Change Provider Information

2. Enter the correct information.
3. Enter the **Date Effective**.
4. Click **Submit**.

**Note:** The information will route to the MSO queue for processing.

**PARALLON**  
 CREDENTIALING PORTAL

WELCOME Dr. Smith

Change Provider Information  
 DR. SMITH

First Name \*

Middle Name

Last Name \*

Suffix (MR, JR, etc)

Degree \* MD, CRNA, etc

Date Effective \*

**Submit** **Cancel**

**Need Some Help?**  
 This screen displays the current information we have on file. You. Enter your changes and click the submit button. You must enter the Date you would like to make this change effective. After completing this form, click the submit button to send your request.  
 Note: Please keep in mind, this request will need to be reviewed and processed, so you will not see this change immediately in the Credentialing Portal.  
 An \* denotes a required field.  
 For additional information, please click [here](#).

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The **Confirmation page** appears, advising the request has been submitted. The message will also be sent to the Provider’s Message Center.

