

DELAWARE IMMUNIZATION PROGRAM
Add/Delete Individual Provider(s) in DelVAX

USE THIS FORM TO ADD OR REMOVE INDIVIDUAL PROVIDERS (PHYSICIANS AND NURSE PRACTITIONERS) FROM YOUR DELVAX PROVIDER/CLINIC ACCOUNT

Please Print

Please Print

GROUP/PRACTICE INFORMATION

Group/Practice Name:

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Contact Name/Phone

IT Contact Name/Phone

NPI:

Taxonomy

EIN

ADD INDIVIDUAL PROVIDER

INDIVIDUAL PROVIDERS (ONLY PHYSICIANS AND NURSE PRACTITIONERS WHO ADMINISTER VACCINE)

(Use Additional Pages if Necessary)

Name:

NPI:

Effective Date

Physician Nurse Practitioner

Name:

NPI:

Effective Date

Physician Nurse Practitioner

Name:

NPI:

Effective Date

Physician Nurse Practitioner

Name:

NPI:

Effective Date

Physician Nurse Practitioner

Name:

NPI:

Effective Date

Physician Nurse Practitioner

DELETE INDIVIDUAL PROVIDER

INDIVIDUAL PROVIDERS (ONLY PHYSICIANS AND NURSE PRACTITIONERS WHO ADMINISTER VACCINE)

(Use Additional Pages if Necessary)

Name:

NPI:

Effective Date

Physician Nurse Practitioner

Name:

NPI:

Effective Date

Physician Nurse Practitioner

Name:

NPI:

Effective Date

Physician Nurse Practitioner

Name:

NPI:

Effective Date

Physician Nurse Practitioner