

DDE Name Change Form  
Legacy and J5 MAC Providers

**Instructions**

**A DDE Name Change Request Form can only be submitted to change a user's last name due to marriage, divorce or to correct the spelling of the first and or last name only.**

Only one name is allowed per request and each section is a required field.

Forms that are not legible or filled out correctly will be returned and the 30 business days will start from the date the corrected form is received.

**Section 1: Facility Information**

- List the name and address of the facility where the user works.
- List the primary PTAN

**Section 2: Reason for the Name Change (Select one)**

- Correct the spelling of the first and or last name.
- Change last name due to legal name change.

**Section 3: Type of Request**

- Select the region(s) the user accesses to ensure all region(s) the user access is updated with the corrected name.

**Section 4: User Information**

- List the user's previous name.
- List the User ID.
- List the current name.

**Section 5: List the contact information and signature of the Authorized Signer.**

- The Authorized Signer must be the person identified by your facility that has the authority to make changes to a user's access.
- If you are the Authorized Signer and you are requesting a name change for yourself, you will need to have the form signed by another individual who is an Authorized Signer.

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**Section 1: Facility Information**

Facility Name: \_\_\_\_\_ PTAN: \_\_\_\_\_

Address  
: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Section 2: Reason for the name Change (Select once option)**

Correct the spelling of the first and or last name.       Change last name due to legal name change

**Section 3: Select the region(s) the user accesses**

J5 MAC     Legacy

**Section 4: User Information**

User's Previous Name:		User ID	
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User's Current Name:	
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**Section 5: Authorized Signer (If your name is listed in Section 4, please obtain the signature of another Authorized Signer)**

By signing below, you acknowledge that you are the Authorized Signer for the facility listed in Section 1 and that you authorized the name change or name correction for the user listed in Section 4.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone : \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Legacy and J5 MAC providers, fax the completed form to 402-995-0606.

The request may take up to 30 business days to complete. The Authorized Signer will be notified by email once the request is completed.

If you have any questions, contact the DDE Systems Department at 866-734-6656, option 2 for Legacy providers and 866-518-3295, option 2 for J5 MAC providers.

**DO NOT WRITE BELOW THIS LINE. FOR WPS USE ONLY**

Date submitted to EDC	Date Completed	Comments: