



### Arizona Priority Care Demographic Update Form

Please complete the applicable information and email or fax to:

Email: provider.network@azprioritycare.com

Fax: Attn: Provider Network (480) 499-8729

Name Change    Primary Address Change    Billing Address Change    Add Location    Remove Location

<b>Current Information:</b>	<b>Group/Provider Name:</b> _____
	<b>NPI #:</b> _____ <b>Tax ID #:</b> _____
	<b>Does update apply to all providers under Tax ID?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, please attach roster listing only applicable providers</b>

<b>Name Change:</b> (If applicable)	New Provider Name: _____
	New Group Name (attach new W9): _____

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>New Primary Address:</b>	Street: _____ Suite #: _____
	City: _____ State: _____ ZIP Code: _____
	Telephone: _____ Fax: _____
Should the previous primary address be removed or kept as a secondary location? <input type="checkbox"/> Remove <input type="checkbox"/> Secondary Location   Comments: _____	

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>New Billing Address:</b> (Attach new W9)	Street: _____ Suite #: _____
	City: _____ State: _____ ZIP Code: _____
	Telephone: _____ Fax: _____

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>New Correspondence Address:</b>	Street: _____ Suite #: _____
	City: _____ State: _____ ZIP Code: _____
	Telephone: _____ Fax: _____

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>New Additional Location:</b> (If applicable, attach page for additional locations)	Street: _____ Suite #: _____
	City: _____ State: _____ ZIP Code: _____
	Telephone: _____ Fax: _____

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Remove Location:</b> (If applicable, attach page for additional locations)	Street: _____ Suite #: _____
	City: _____ State: _____ ZIP Code: _____
	Telephone: _____ Fax: _____

<b>Signature:</b> _____	<b>Print Name/Title:</b> _____
<b>Email Address:</b> _____	<b>Date:</b> ____/____/____

If you have any questions or want to confirm receipt of fax please call: (480) 499-8700 ext 8241