

Provider Roster Update



Group Name:	DBA:
TIN# (all providers must bill under this TIN):	

	Address	City	State	Zip (+4 digits)	Phone	Fax
1						
2						
3						
4						
5						
6						
7						

AZPC only allows 5 locations for each provider to be listed. Please write the number associated with the accurate location(s) next to each provider's name in the spaces provided below. (ie. John Smith, MD, 1, 4, 7)

Physician Name/Degree	Provider Locations (1, 4, etc)	DOB	Specialty	CAQH #	State License Number	Languages Spoken	NPI	DEA #	If PCP NP, do you want members assigned to provider?
									<input type="checkbox"/> No <input type="checkbox"/> Yes
									<input type="checkbox"/> No <input type="checkbox"/> Yes
									<input type="checkbox"/> No <input type="checkbox"/> Yes
									<input type="checkbox"/> No <input type="checkbox"/> Yes
									<input type="checkbox"/> No <input type="checkbox"/> Yes
									<input type="checkbox"/> No <input type="checkbox"/> Yes

Please attach a separate page if additional space is needed.