Arizona Priority Care™
One Goal. One Priority. Your Healthcare.

Arizona Priority Care Demographic Update Form

Please complete the applicable information and email to:
Email: provider.network@azprioritycare.com

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

Current Information:	Group/Provider Name: _____ NPI #: _____ Tax ID #: _____ **Does update apply to all providers under Tax ID?** ☐ **Yes** ☐ **No** *If no, please attach roster listing only applicable providers*
Name Change: (If applicable)	New Provider Name: _____ ***Include the following for Individual Name Change: 1) Letter or email requesting name change. Letter must be on letterhead. If email, must contain signature block from group or provider. 2) Copy of court record showing legal name change. 3) Copy of Provider State License showing new name (not state issued ID)*** New Group Name (attach new W9):
New Primary Address:	Street: _____ Suite #: _____ City: _____ State: _____ ZIP Code: _____ Telephone: _____ Fax: _____ Effective Date: _____ Should the previous primary address be removed or kept as a secondary location? ☐ Remove ☐ Secondary Location Comments:

Address Changes

New Billing Address: (Attach new W9)	Street: _____ Suite #: _____ City: _____ State: _____ ZIP Code: _____ Telephone: _____ Fax: _____ Effective Date: _____
New Correspondence Address:	Street: _____ Suite #: _____ City: _____ State: _____ ZIP Code: _____ Telephone: _____ Fax: _____Effective Date: _____
New Additional Location: (If applicable, attach page for additional locations)	Street: _____ Suite #: _____ City: _____ State: _____ ZIP Code: _____ Telephone: _____ Fax: _____Effective Date: _____
Remove Location: (If applicable, attach page for additional locations)	Street: _____ Suite #: _____ City: _____ State: _____ ZIP Code: _____ Telephone: _____ Fax: _____Effective Date: _____

Signature: _____ **Print Name/Title:** _____
Email Address:_____ **Date:** _____/_____/_____

If you have questions, please call 480-499-8700 ext. 8249 or 8294 or email us at Provider.Network@AZPriorityCare.com