



**Arizona Priority Care (AZPC)
Provider Tax ID Change / Termination Form**

Please complete the applicable information and email or fax to:

Email: Provider.Network@azprioritycare.com

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

Tax ID Change Provider Termination Request Ancillary Term Request

Current Information:	Group Name: _____ Tax ID #: _____ Does update apply to all providers under Tax ID? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list applicable providers below or attach spreadsheet with required information
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Tax ID Change: (attach new W9)	<input type="checkbox"/> Add New Tax ID #: _____ Effective Date: _____ / _____ / _____ <input type="checkbox"/> Terminate Tax ID #: _____ Term Date: _____ / _____ / _____ Termination Reason: _____ Please note, your Contract Representative will be contacting you to finalize this change.
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Provider #1 Term Request:	Provider Name & NPI: _____ Effective Date of Term: _____ / _____ / _____ Reason for Term: _____ Reassign Members (PCPs only)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provider to reassign to: _____ Forwarding Information: _____
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Provider #2 Term Request:	Provider Name & NPI: _____ Effective Date of Term: _____ / _____ / _____ Reason for Term: _____ Reassign Members (PCPs only)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provider to reassign to: _____ Forwarding Information: _____
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Provider #3 Term Request:	Provider Name & NPI: _____ Effective Date of Term: _____ / _____ / _____ Reason for Term: _____ Reassign Members (PCPs only)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provider to reassign to: _____ Forwarding Information: _____
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Provider #4 Term Request:	Provider Name & NPI: _____ Effective Date of Term: _____ / _____ / _____ Reason for Term: _____ Reassign Members (PCPs only)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provider to reassign to: _____ Forwarding Information: _____
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Print Name/Title (person completing this form): _____ Email Address: _____ Phone Number: _____ Date: _____ / _____ / _____
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If you have any questions or want to confirm receipt of fax please call: (480) 499-8700 ext 8241