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**

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:
	New Group Name (attach new W9):

Effective Date:_____/_____/_______

New Primary Address:	Street:____________________Suite #: __________ City:______________State:________ZIP Code: ____________ Telephone:____________Fax: ____________
	Should the previous primary address be removed or kept as a secondary location? ☐ Remove ☐ Secondary Location Comments:

Effective Date:_____/_____/_______

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: ____________

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

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