

Provider Roster  
Update Request Form

**IMPORTANT REMINDER:** If you are submitting your own roster, include all data elements on this roster. Failure to do so may require additional forms to be completed.

Section A: Group Information			
Group Name: (Include DBA if applicable)			
Tax Identification Number (TIN): (One TIN per Group)		Group NPI:	
Office Manager Contact Information			
Office Manager Name:	Office Manager Email:	Office Manager Phone:	Office Manager Fax:
Credentialing Contact Information (For all credentialing questions)			
Credentialing Contact Name:	Credentialing Contact Email:	Credentialing Contact Phone:	Credentialing Contact Fax:
PCP Membership for NPs (PCP Groups only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials and Date:	

Section B: Practice/Group Address Information			
<p><b>Note:</b> <u>AZPC will load up to 5 locations per provider.</u> Please list the primary location for the group and any additional locations. If you have more than 5, please attach a separate page for documentation. <u>Please ensure that the phone numbers listed for the locations below are the preferred contact number for patients to schedule appointments.</u></p>			
Address Locations	Street Address	City, State, Zip	Office Location Phone and Fax
Address – 1 (Primary Address)			Phone:
			Fax:
Address – 2			Phone:
			Fax:
Address – 3			Phone:
			Fax:
Address – 4			Phone:
			Fax:
Address - 5			Phone:
			Fax:

Section C: Provider Information						
Please indicate only those addresses that the provider is available to see members at least 1 day a week.						
Physician Name & Degree	Panels Open Y/N	Location Assignment Indicate the Address #s that are applicable for the provider (i.e. 1,2,4 or 1-5)	Specialties	NPI:	Medicare # (Mandatory to Process)	Languages (Indicate languages other than English spoken by Provider)

**Please add any additional providers on an additional page. Please include all information requested on this roster.**

Note: To minimize disruption to your practice, please follow up with AZPC on all future changes and ensure the provider is registered and /or re-attest your provider information on the CAQH Provider Portal. CAQH Website: <https://proview.caqh.org/Login/Index?ReturnUrl=%2f>