



## Non-Network Practitioner Affiliation/Disaffiliation Request Form

This form is used to affiliate or disaffiliate a practitioner to a professional service location. If adding a new professional service location, please use the Provider Information Update Request Form. If adding a new facility location or a new practitioner, please visit our certification forms library on

**Please note:** for EDI and paper claims submitters, rendering affiliations are performed systematically via claims submission.

**Type of change:** (please check which action you are requesting)

- New rendering affiliation\*  
Date practitioner joined the group: \_\_\_\_\_  
\*XPressClaim user request only MM/DD/YYYY
- Rendering disaffiliation  
Date practitioner left the group: \_\_\_\_\_  
MM/DD/YYYY

<b>Practitioner Information</b>	
Practitioner Name:	_____
Practitioner NPI:	_____
Are you employed by the US Government?	___ Yes ___ No

<b>Service Location Information</b>	
Group Name:	_____
Tax ID:	_____
Physical Address:	_____
City:	_____ State: _____ ZIP: _____
NPI:	_____
<input type="checkbox"/> Disaffiliation request applies to all service locations of your Tax ID	

If additional information is needed, please list the person to contact below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return completed form to:**  
 TRICARE West Provider Data Management  
 PO Box 202169  
 Florence, SC 29502-2169 Fax: 877-989-0066