



Non-Network Provider Information Update Request Form

This form is used to update information for provider organizations and solo practitioners only. To avoid delays, please type or print legibly and complete the form with the same information that will be used to file claims.

Type of Change: (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> Change Tax ID (please include W-9) | <input type="checkbox"/> Moving to a different physical address |
| <input type="checkbox"/> Update name | <input type="checkbox"/> Closing a physical address |
| <input type="checkbox"/> Adding a new physical address | <input type="checkbox"/> Update NPI |

Old Information (information to be changed)

Business Name _____ Organization/Solo Tax ID: _____

Organization/Solo NPI: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

New Information

Business Name: _____ Organization/Solo Tax ID: _____

Organization/Solo NPI: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Effective date of change: _____

Change/Update Primary Billing Address for NPI

Only one billing address can be associated with a single NPI. The information provided will update the billing address for all locations sharing this NPI. All claims payments and remittances will be sent to this address. (If your business requires multiple billing addresses, then you will need to acquire multiple NPIs)

Organization/Solo Tax ID: _____ NPI: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Effective date of change: _____

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