



### Non-Network Provider Specialty Information Update Request Form

Use this form to update your specialty information in our TRICARE West Region non-network provider file. Please complete the form with the information you use to file claims. To avoid delays in processing, please type or print legibly. **Please note:** If your specialty is mental health, do not use this form. Use the appropriate individual non-network application, located in the Forms section of

#### Old Specialty Information (information to be changed)

Provider Name (business entity or individual): \_\_\_\_\_

Tax ID: \_\_\_\_\_ Old Specialty: \_\_\_\_\_

NPI: \_\_\_\_\_

License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

#### New Specialty Information

Provider Name (business entity or individual): \_\_\_\_\_

Are you employed by the US Government?  Yes  No

Tax ID: \_\_\_\_\_ New Specialty: \_\_\_\_\_

NPI: \_\_\_\_\_

License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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