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)

- ☐ Change Tax ID (please include W-9)
- ☐ Update Name
- ☐ Adding a new Physical Address
- ☐ Phone number
- ☐ Fax number
- ☐ Moving to a different Physical Address
- ☐ Closing a Physical Address
- ☐ Update NPI

Old Information (information to be changed)

Business Name _____ Organization/Solo **Tax ID**: _____ Organization/Solo **NPI**: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

New Information

Business Name _____ Organization/Solo **Tax ID**: _____ Organization/Solo **NPI**: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ **Effective date of change**: _____

Change/Update Primary Billing Address for NPI

Only one billing address is 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)

Old Information (information to be changed)

Organization/Solo **Tax ID**: _____ **NPI**: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

New Information

Organization/Solo **Tax ID**: _____ **NPI**: _____

Current Primary Billing Address: _____

City: _____ State: _____ Zip: _____ **Effective date of change**: _____

Include two TRICARE WEST Region check numbers received within the last 30 days from separate payment dates:

1 _____ 2 _____

Name and phone number of the person to contact if additional information is needed:

NAME: _____ PHONE: _____

Return completed form to:

TRICARE West Provider Data Management
P.O. Box 202106
Florence, SC 29502-2106

Fax: 1-844-730-1373 | 1-844-866-WEST (1-844-866-9378)