



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 www.tricare-west.com.

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): _____

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
P.O. Box 202106
Florence, SC 29502-2106
Fax: 1-844-730-1373
1-844-866-WEST (1-844-866-9378)