

Please use this form for demographic changes or to update your National Provider Identifier (NPI) information. Please make sure that ALL the information is complete as we cannot process incomplete forms. Please email your completed form to PDMOps@optum.com or fax it to 855-202-4313.

Section I. Group demographics	
Practice/Organization name: _____ Current tax ID (TIN): _____	
National provider identifier (NPI): _____ Date issued: ____/____/____	
Basis for NPI (applies to organizations only, select only 1 per NPI):	
<input type="checkbox"/> Provider name <input type="checkbox"/> Tax ID only (entity whose name is on the W-9 form) <input type="checkbox"/> License number <input type="checkbox"/> NUCC taxonomy code (TIN/EIN) <input type="checkbox"/> Place of service address <input type="checkbox"/> Department <input type="checkbox"/> Other (please explain) _____ <input type="checkbox"/> Please check here if you have multiple NPIs representing your practice or organization.	
Name of individual completing this form: _____	
Telephone: _____ Email: _____	
Section II. Practice/Organization information changes (check all that apply)	
<input type="checkbox"/> The new tax ID number is: _____ Effective: _____ (please attach a copy of the W-9) <input type="checkbox"/> We have moved. Our new address is: _____ The new address is effective on: _____ This new address is a: <input type="checkbox"/> Practice address <input type="checkbox"/> Billing address <input type="checkbox"/> Both practice and billing address <input type="checkbox"/> Correspondence address Should this new address be in the directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
New:	Old:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
<input type="checkbox"/> We have changed our practice name to: _____ Effective: _____ <input type="checkbox"/> Change pertains to all physicians/health care providers under the Tax ID (TIN): _____ <input type="checkbox"/> Specify physicians/health care providers affected by the change:	

Section II. (continued)

These physicians/health care providers have left our practice.

Name: _____ License: _____

Practice address: _____

Specialty: _____ Individual NPI: _____ Date of termination: _____

Reason for leaving: _____

Name: _____ License: _____

Practice address: _____

Specialty: _____ Individual NPI: _____ Date of termination: _____

Reason for leaving: _____

These physicians/health care providers have joined our practice (please attach a copy of the W-9).

Name: _____ License: _____ Email _____

Practice address: _____

Specialty: _____ Individual NPI: _____ CAQH: _____

Date of addition: _____

Name: _____ License: _____ Email _____

Practice address: _____

Specialty: _____ Individual NPI: _____ CAQH: _____

Date of addition: _____

Check this box if you do not have a private office and only see patients at the hospital

Signature of participating physician/health care provider: _____ Date: _____

If you have any questions, please call OptumCare® Operations at **877-370-2845** or email to **PDMOps@optum.com**.

