Provider Data Update Form

Magellan COMPLETE CARE

Please read before completing this form

- This form is for MCC of AZ **contracted providers only**. To join the network, please visit our websites at https://dsnp.mccofaz.com/providers/join-our-network/ or https://www.mccofaz.com/provider/provider-tools/forms/.
- If you are a provider group and need to add a provider, please complete the provider information form. This can be found on our website at https://dsnp.mccofva.com/providers/provider-materials/ or at https://www.mccofaz.com/provider/provider-tools/forms/.
- For large groups/facilities, please contact MCCAZProvider@MagellanHealth.com and request a roster template for your data changes.

Group/agency name:	**Individual practitioner name:**	**Provider TIN:**
Group/agency NPI:	**Practitioner NPI:**	

Type of change

☐ **Add** ☐ **Change** ☐ **Delete**

Change category

☐ Address update/change	☐ Name update/change	☐ Specialty update/change
☐ Physical address	☐ NPI update/change	☐ Phone # update/change
☐ Payment address	☐ TIN update/change	☐ Open or close panel (give detail below – e.g. no longer accepting members
☐ Mailing address	☐ Medicaid # update/change	
***For address changes, check all that apply**	☐ Medicare # update/change	

Enter new/updated demographic information (only enter the information that you want us to update):

Name:	**Address:**	
City:	**State:**	**ZIP code:**
Phone #:	**Fax #:**	
NPI #:	**TIN #:**	
Medicaid #:	**Medicare #:**	
Specialty:		
Enter additional details about your change below:		

Please complete the below contact information so we can contact you if additional information is needed

Contact name and title:

Contact phone:

Contact email:

Please email this completed form to MCCAZProvider@MagellanHealth.com or fax it to 1-888-656-5098.