Provider Data Update Form

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.

<table>
<thead>
<tr>
<th>Group/agency name:</th>
<th>Individual practitioner name:</th>
<th>Provider TIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group/agency NPI:</td>
<td>Practitioner NPI:</td>
<td></td>
</tr>
</tbody>
</table>

**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
- □ Mailing address
- □ Medicaid # update/change
- □ Medicare # update/change

*For address changes, check all that apply

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>NPI #:</td>
<td>TIN #:</td>
</tr>
<tr>
<td>Medicaid #:</td>
<td>Medicare #:</td>
</tr>
</tbody>
</table>

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.

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