



Please use this form for demographic changes. Complete all information pertaining to your practice and fax to (775) 982-3751 ATTN: Provider Relations.

### Provider Demographic Update Form

#### Section I Group Demographics

Practice/Organization Name \_\_\_\_\_  
Current tax ID (TIN) \_\_\_\_\_ National Provider Identifier (NPI) \_\_\_\_\_  
Contracted specialty: \_\_\_\_\_ Practice management software \_\_\_\_\_  
Use HealthConnect?  Yes  No Use electronic claims submission?  Yes  No  
Name and title of individual completing this form \_\_\_\_\_ Title \_\_\_\_\_

#### Section II Practice/Organization Information Changes (Please include a copy of the W-9 with changes listed in this section)

Effective \_\_\_\_\_, our new / additional (circle one) tax ID number is \_\_\_\_\_  
 Effective \_\_\_\_\_, we have moved.  
Our new address is:  Primary practice address  Billing address  Both practice and billing address  
Should this address be printed in our Provider Directory?  Yes  No

New: \_\_\_\_\_ Old: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

We have additional practice locations(s). (Please list on a separate page with corresponding telephone, fax and e-mail.)  
 Effective \_\_\_\_\_, we have changed our practice name to \_\_\_\_\_  
 Effective \_\_\_\_\_, these provider(s) have left our practice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Effective \_\_\_\_\_, these provider(s) have joined our practice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective \_\_\_\_\_, we are closing / reopening (circle one) our practice to new patients as indicated below:  
**HMO** Close/Open • **PPO** Close/Open • **TPA** Close/Open • **SCP** Close/Open • **State of Nevada** Close/Open • **Self-funded** Close/Open

Effective \_\_\_\_\_, our practice is open to established patients only as indicated below:  
**HMO** Estab Only • **PPO** Estab Only • **TPA** Estab Only • **SCP** Estab Only • **State of Nevada** Estab Only • **Self-funded** Estab Only  
Date submitted by provider \_\_\_\_\_ Date/initials entered in Prov Dir database \_\_\_\_\_ • Date/initials entered in DST \_\_\_\_\_