



Records Change Form

- Add Doctor
 Delete Doctor
 Add Location
 Delete Location

Practice Office Name

Tax ID

Add/Delete Provider

Use the section below to list the PROVIDER(S) that need to be Added/Deleted.

| Check one | | Provider Name | NPI # | CAQH # | Email |
|-----------|--------|---------------|-------|--------|-------|
| Add | Delete | | | | |
| | | | | | |
| | | | | | |

Add/Delete Location

Use the section below to list the LOCATION(S) the provider needs Added/ Deleted. This section can also be used to add/delete a practice location. If only adding/deleting a location(s), do not check the New Provider Location box.

| | | | | |
|--------------------------|---------|--------|------------------------|---------------|
| Please check: | Add | Delete | New Provider Location? | NPI #: |
| Practice Name: | | | | |
| Location Address: | Address | | City/State | Zip |
| Billing Address: | Address | | City/State | Zip |
| Phone: | | | | Fax: |

| | | | | |
|--------------------------|---------|--------|------------------------|---------------|
| Please check: | Add | Delete | New Provider Location? | NPI #: |
| Practice Name: | | | | |
| Location Address: | Address | | City/State | Zip |
| Billing Address: | Address | | City/State | Zip |
| Phone: | | | | Fax: |

Contact Person

Phone

Email

Fax

Return to: Provider Relations
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