



PUEBLO HEALTH CARE, INC.

Working with Physicians for Physicians

Demographic Update Form

Current Practice Name: _____

Change: _____

Effective Date: _____

Physician(s) Affected: _____

*Complete only the fields requiring a change.

Demographic Information	Current	Update
Practice Name		
Physical Address City, State Zip		
Phone Number		
Fax Number		
Billing Address City, State Zip		
Billing Phone Number		
Billing Fax Number		
Tax ID Number		
Group NPI Number		
Office Manager / Contact		

*Changes involving Practice Name, Billing Address and TIN require a sample claim form (1500) with boxes 25,31,32,33 completed and a copy of a W9.

Authorized Printed Name

Today's Date

Authorized Signature

Please utilize this form for any changes to your practice. We will notify all Pueblo Health Care contracted health plans on your behalf. Return the completed form via fax to 584-4038 or mail direct to Pueblo Health Care. If you have any questions, feel free to call Pueblo Health Care at 584-4642.