



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 require a current W9.**

Authorized Printed Name

Today's Date

Authorized Signature

We will notify all Pueblo Health Care contracted health plans of changes on your behalf. Return the completed form via fax to 584-4038 email Sandra.Proud@parkviewmc.com or mail to PHC. If you have any questions, call PHC at 584-4806.