

Add/Drop Product(s)

The information entered into this form is subject to review and approval by UPMC Health Plan. Submitting this information change form does not mean it is automatically uploaded to our system. Any questions resulting from our review must be addressed before the change is approved.

Date:* _____ Name of provider:* _____

PCP Ob-gyn Specialist/Dental/Vision Ancillary (medical only) Chiropractor Extenders (CRNP, CNM, CRNA)

Contact name:* _____ Provider number: _____

Phone:* _____ Tax ID number:* _____ Email:* _____

* Required information

Applies to medical network providers only

Per the UPMC Health Plan Provider Agreement, providers must notify the Health Plan 60 days prior to the date of termination.

Add product Drop product (requires 60-day notice)

Commercial HMO Effective: _____ UPMC *for Life* Options Effective: _____

Commercial PPO Effective: _____ UPMC *for Life* Dual Effective: _____

UPMC *for Life* HMO Effective: _____ UPMC *for You* Effective: _____

UPMC *for Life* PPO Effective: _____ UPMC *for Kids* Effective: _____

Medicare number: (all UPMC *for Life* plans) _____

PROMISe (MA) ID number: (UPMC *for You* plan) _____

Return completed form by email, fax, or mail to:

UPMC Health Plan
Network Development & Provider Data Maintenance Dept.
U.S. Steel Tower, 14th Floor
600 Grant Street
Pittsburgh, PA 15219
Fax: 412-454-8225

providernetworkinquiries@upmc.edu
hpdental@upmc.edu (dental providers)
hpvision@upmc.edu (vision providers)

UPMC HEALTH PLAN