

Add or Remove Office Location

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 Group or 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*

Add an Office Location Remove an Office Location

Office/Location Name:* _____

Phone:* _____ Fax:* _____ Tax ID Number:* _____

Business Address 1:* _____ Business Address 2: _____

Suite: _____ City:* _____ State:* _____ ZIP Code:* _____

Handicap Accessible: Yes No

EMR Software: _____

E-Prescribe: Yes No

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)

Office Hours:*	Open	Lunch	Closed
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____
Effective Date:*	_____		

** Required information*

UPMC HEALTH PLAN