

Add/Remove Physician to/from a Practice or Group

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*

If you are adding or removing a physician from multiple office locations, please enter the primary location here.

Provide additional locations on a separate form.

Add a physician to a group/Tax ID

Remove a physician from a group/Tax ID

Physician name: _____ Group/Practice name: _____

Business address 1: _____ Business address 2: _____

Suite: _____ City: _____ State: _____ ZIP code: _____

Phone: _____ Fax: _____ Effective date:* _____

If adding, does this physician provide coverage at this location at least one day per week?* 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

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

UPMC HEALTH PLAN