

Change Pay-to Address/Tax ID Change

The information entered into this form is subject to review by UPMC Health Plan. Submitting this information change form does not mean it is automatically uploaded to our system. UPMC Health Plan reserves the right to request additional information or reject a change request for any reason.

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:* _____

A group billing address must be the same for every doctor/office under that tax ID. The billing address can only be changed if it is for the whole group with that same tax ID.

Billing Address Change Tax ID Change Effective Date:* _____

Both Billing Address and Tax ID Change

**Please send W9 with change request.*

Old Billing Information:

Old Billing Address: _____

New Billing Information:

Business Address 1: _____

Business Address 2: _____

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

Phone: _____ Fax: _____

** Required information*

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