

Physician/Office Information Change

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*

Office/Location name: _____

Old phone number: _____ New phone number: _____

Old NPI number: _____ New NPI number: _____

Handicap accessible: Yes No Name change: Physician Practice

Name to remove: _____ Name to add: _____

Old hours:*	Open	Lunch	Closed	New hours:*	Open	Lunch	Closed
Monday	_____	_____	_____	Monday	_____	_____	_____
Tuesday	_____	_____	_____	Tuesday	_____	_____	_____
Wednesday	_____	_____	_____	Wednesday	_____	_____	_____
Thursday	_____	_____	_____	Thursday	_____	_____	_____
Friday	_____	_____	_____	Friday	_____	_____	_____
Saturday	_____	_____	_____	Saturday	_____	_____	_____
Sunday	_____	_____	_____	Sunday	_____	_____	_____
Effective date:*	_____			Effective date:*	_____		

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

UPMC HEALTH PLAN