

# Panel Changes

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*

Close panel (Maintain existing patients only)  Reopen panel

Age limitations: \_\_\_\_\_

Commercial HMO Effective: \_\_\_\_\_

Commercial PPO Effective: \_\_\_\_\_

UPMC *for Life* HMO Effective: \_\_\_\_\_

UPMC *for Life* PPO Effective: \_\_\_\_\_

UPMC *for Life* Options Effective: \_\_\_\_\_

UPMC *for Life* Dual Effective: \_\_\_\_\_

UPMC *for You* Effective: \_\_\_\_\_

UPMC *for Kids* Effective: \_\_\_\_\_

## 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)  
hvision@upmc.edu (vision providers)

**UPMC HEALTH PLAN**