

Provider information update request form

Required:

Practice tax ID #: _____

Practice NPI #: _____

This form is intended to accept updates not available for submission within Humana Military provider self-service today.

Providers should use the features available in provider self-service to submit changes for group, facility and practitioners. In-depth tutorials are located in the Humana Military provider webinar library. To avoid delays, please type or print legibly and complete the form with the same information that will be used to file claims.

Type of change (check all that apply):

- ☐ Change billing address (must include W-9 form)
- ☐ Update organization or practice name (must include W-9 form)
- ☐ Add or update type 2 organization National Provider Identifier (NPI) number

Note: Delegated providers should note these changes when they submit their roster.

Required: Tax ID # / EIN: _____

Old information (all fields are required):

Organization/Practice name: _____

Organization/Solo NPI #: _____

Billing address: _____

City: _____ State: _____ ZIP Code: _____

Billing phone #: _____ Billing fax #: _____

New information (all fields are required):

Effective date of change: _____

Organization/Practice name: _____

Organization/Solo NPI #: _____

Billing address: _____

City: _____ State: _____ ZIP Code: _____

Billing phone #: _____ Billing fax #: _____

Point of Contact (POC) information (all fields are required):

Name: _____

Title: _____

Email: _____ Phone #: _____

Please return application by fax/mail to:

Fax: (608) 221-7535

Mail: TRICARE East Provider Certification
PO Box 7870
Madison, WI 53707-7870

