

# Demographic Information Update Form



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## Instructions

Please check what update needs to be made and indicate all information. All fields marked with an asterisk (\*) are required. Incorrect or incomplete/missing information will result in processing delays.

## General Information:

\*Request type

\*Applies to

\*Effective Date for the add, change, or delete

### \*Contact details:

Contact person last name

Contact person first name

Email address

Phone number

### \*Provider Information:

Name of Provider/Group

Tax ID Number

## Change your practice address or phone and fax number:

### \*Previous/Existing practice office

Address line 1

Address line 2

City

State

Zip

Practice office phone number

Practice office fax number

### \*Updated/new practice office

Address line 1

Address line 2

City

State

Zip

Practice office phone number

Practice office fax number

Practice office hours

Are you a Primary Care Provider (PCP)?

## Add a new location to your practice:

### \*Updated/New practice location

Address line 1

Address line 2

City

State

Zip

Practice office phone number

Practice office fax number

Practice office hours

Are you a Primary Care Provider (PCP)?

## Remove a provider from a location:

### \*Practice location to be removed

Address line 1

Address line 2

City

State

Zip

Practice office phone number

Practice office fax number

Practice office hours

## Close a practice location:

### \*Previous/Existing practice location

Reason for closing location

Address line 1

Address line 2

City

State

Zip

Practice office phone number

Practice office fax number

Practice office hours

I acknowledge this location will be removed for all providers within the practice.

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I hereby request the above changes and certify that the foregoing information is true and correct and that I am the named professional or am otherwise authorized to make this request and certification on behalf of the named professional.

Please submit this completed form and any documentation you wish to include to Altura at [contracting@alturamsso.com](mailto:contracting@alturamsso.com)

Note: For all other network updates, please contact your assigned Provider Network Administrator for assistance or email [contracting@alturamsso.com](mailto:contracting@alturamsso.com)