

Practitioner/Practice Change Form – Tip Sheet

Personal Information

1. **Billing Service** address must be a physical street address. PO Box addresses are not acceptable, as physical addresses are required for claims processing.

Billing/Remit Address:	Legal Name:	Previous Legal name	
	Street:	Suite #:	
	City:	State:	Zip Code:

Location Information

2. Please enter the **Group Practice Name** in the designated field.

Group Name:	
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3. Please include **Group Federal Tax ID#** in the corresponding field.

Group Federal Tax ID#	
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4. Multiple request types for the same NPI can be submitted in one form. Please make sure to fill out appropriate sections that are applicable to the request types that are intended to be updated.
5. Please make sure to send in all mandatory information in the AzAHP Practitioner/Practice Change Form for timely processing.