



Request for Addition / Deletion to Existing Assignment Account

*** Note: For additional practice addresses or address changes, complete "Change of Address Form".
For NaviNet users, address changes can be made online.*

Name of account _____ Group account number _____

IRS number _____ Type 2 (Group) National Provider Identifier (NPI) _____

Main Practice Address** _____ Specialty _____

_____ Effective date of change _____

_____ Telephone number () _____

Member Access Number (Patients can call this number to make an appointment for this location): () _____ Fax number () _____

Provider name (Typed or printed)	CAQH ID	Social Security Number	Type 1 (Individual) NPI	Provider signature (Required for additions)	Provider specialty (For Additions)	Indicate	
						Add ①	Delete ②
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

① By my signature, I, as a member of this account, fully agree to abide by the requirements listed on the reverse side of this form.

② Deletions - Please provide the following information for providers being deleted from the assignment account:

Provider name (Typed or printed)	Provider number	New address	New telephone number
_____	_____	_____	()
_____	_____	_____	()

Mail to: Provider Information Management
PO Box 898842
Camp Hill, PA 17089-8842

Fax to: (800) 236-8641