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PRACTICE UPDATE

PRACTICE INFORMATION CONTACT PERSON:

Name: _____

Ph: _____

Title: _____

Fax: _____

Email: _____

PRACTICE NAME CHANGE:

From: _____

PRACTICE ADDRESS CHANGE:

From: _____

To: _____

To: _____

BILLING ADDRESS CHANGES:

From: _____

To: _____

BILLING ADDRESS ADDITION(S):

TAX ID CHANGE: (Please include a copy of the IRS SS4 coupon)

From: _____

To: _____

PROVIDER CHANGES:

Provider Addition: Please fax a letter of intent to: Northern Nevada Provider Relations, Marissa Bennett, (775) 352-2475,
Southern Nevada Provider Relations Barbara Wolf (702) 228-4269.

Provider Terminations:

Full name and title: (MD, DO, etc.)

_____ Term date/ Reason: _____

_____ Term date/Reason: _____

_____ Term date/Reason: _____

Please note: Retro active changes cannot be implemented for any changes, updates or terms.