

SAN DIEGO PUBLIC SECTOR/PROVIDER UPDATE FORM

TO: United Behavioral Health, Public Sector, Clinical Network Services Department, 3111 Camino del Rio North, Suite 500, San Diego, CA 92108
Fax # (619) 641-6979

PROVIDER NAME: _____ **DATE:** _____

ADDRESS CHANGES:

| |
|--|
| PRIMARY ADDRESS [CHANGE <input type="checkbox"/> |
| |
| |
| SATELLITE ADDRESS [ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> |
| |
| |
| MAILING ADDRESS [CHANGE <input type="checkbox"/> |
| |
| |
| BILLING ADDRESS [CHANGE <input type="checkbox"/> |
| |
| |

| |
|-------------------------------------|
| DELETE OLD PRIMARY ADDRESS |
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| |
| DELETE OLD SATELLITE ADDRESS |
| |
| |
| DELETE OLD MAILING ADDRESS |
| |
| |
| DELETE OLD BILLING ADDRESS |
| |
| |

PHONE & FAX CHANGES:

| |
|---|
| PRIMARY PHONE [CHANGE <input type="checkbox"/> |
| |
| PRIMARY FAX [CHANGE <input type="checkbox"/> |
| |

| |
|---------------------------------|
| DELETE OLD PRIMARY PHONE |
| |
| DELETE OLD PRIMARY FAX |
| |

TAX I.D. NUMBER UPDATE (must submit W-9 Form)

| | | | | | |
|---|--|--------------------------|--|--|--|
| <u>New TIN Number</u> <u>Effective Date:</u> | | <u>Medicare #</u> | | <u>NPI</u> Rendering Provider | |
| <u>New TIN Number</u> | | <u>Medi-Cal #</u> | | <u>NPI</u> Pay to Provider | |

NOTES: