

Instructions for adding communications email address(es) using Demographic Change Form to receive:

- Monthly Blue Review newsletter
- Urgent Information email blasts

User Guide

1. Complete the provider's information on page one of the [Demographic Change Form](#). Note that required fields are marked with **red***.
2. Choose **next button** at bottom right of page to move to page 2 of entry form.

Change Existing Demographic Information

Identification Information
* indicates required field

* Type of Provider: ☐ Individual Provider ☐ Locum Tenens ☐ Group/Clinic ☐ Facility/Ancillary

Submitter Information

* First Name: _____

* Last Name: _____

* Telephone Number: _____ Ext: _____
Numeric: digits only Numeric: digits only

* Job Title/Position: _____

* Email Address: _____
you@exampl.com

Provider Information

* Name of Provider/Group: _____

* Tax ID Number: _____

Rendering NPI: _____

* Billing NPI Number: _____

* Type: ☐ Type 1 (Individual) ☐ Type 2 (Group)

Next

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3. Select "Other Provider Updates" in type of change box. Then select "next" button.

Change Existing Demographic Information

Type of Change

- ☐ Name
- ☐ NPI/Tax
- ☐ Office Physical Address
- ☐ Billing Address
- ☐ Credentialing Address
- ☐ Administrative Address
- ☒ Other Provider Updates

Back Next

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4. Scroll to bottom of "Other Provider Updates" page. Indicate "Provider Communication email." Add the email address(es) in the "Additional Information Comments" box at the left bottom of the page. **You can add up to 10 provider email addresses.**

5. Enter effective date

6. Choose "Submit Form" button.

Residency Hospital Name:

Residency Period:

From: To:

Ethnicity:

Additional Information Comments

Effective Date of Change:

Attach Documentation:

Combined file size = 0.0 MB

Choose File No file chosen

Back Submit Form