

## 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@example.com

**Provider Information**

\* Name of Provider/Group: \_\_\_\_\_

\* Tax ID Number: \_\_\_\_\_

Rendering NPI: \_\_\_\_\_

\* Billing NPI Number: \_\_\_\_\_

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

**Next**

Powered by Salesforce™

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

The screenshot shows a web form titled "Change Existing Demographic Information". Under the heading "Type of Change", there is a list of options: Name, NPI/Tax, Office Physical Address, Billing Address, Credentialing Address, Administrative Address, and Other Provider Updates. The "Other Provider Updates" option is selected and highlighted with a yellow background. At the bottom of the form, there are two blue buttons: "Back" on the left and "Next" on the right. A red arrow points from the "Next" button towards the right side of the page.

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.

The screenshot shows the bottom portion of the form. It includes fields for "Residency Hospital Name:", "Residency Period" (with "From" and "To" date pickers), and "Ethnicity:". Below these are three highlighted yellow boxes: "Additional Information Comments" (a large text area), "Effective Date of Change" (a date picker), and "Attach Documentation:" (with a "Choose File" button and "No file chosen" text). At the bottom, there are two blue buttons: "Back" on the left and "Submit Form" on the right. A red arrow points from the "Submit Form" button towards the right side of the page.