



Non-Contracted Provider Demographic Change Request for Claims Submission

Rendering Provider Name:		Rendering Provider NPI:	
Provider Type:	<input type="checkbox"/> Practitioner	Practitioner Type 1 NPI	
	<input type="checkbox"/> Group	Group Type 2 NPI	
	<input type="checkbox"/> Midlevel	Midlevel Type 1 NPI	
	<input type="checkbox"/> Facility/Ancillary	Facility/Ancillary Type 2 NPI	
Group Name: (If applicable)		Group Billing NPI: (If applicable)	
Sponsoring Provider Name: (If applicable)		Sponsoring Provider State License Number: (If applicable)	
Change Request:	<input type="checkbox"/> Service Address	Effective Date: _____	
	<input type="checkbox"/> Remit Address / W9	Effective Date: _____	
	<input type="checkbox"/> Other (Please Explain):		
Current Service Address:			
Current Service City:		Current Service State:	Current Service Zip:
Current Phone:	Current Fax:	Current Email:	
<u>New Service Address:</u>			
<u>New Service City:</u>		<u>New Service State:</u>	<u>New Service Zip:</u>
<u>New Phone:</u>	<u>New Fax:</u>	<u>New Email:</u>	
Current Remit Address:			
Current Remit City:		Current Remit State:	Current Remit Zip:
Current Remit Phone:	Current Remit Fax:	Current Remit Email:	
<u>New Remit Address:</u>			
<u>New Remit City:</u>		<u>New Remit State:</u>	<u>New Remit Zip:</u>
<u>New Remit Phone:</u>	<u>New Remit Fax:</u>	<u>New Remit Email:</u>	
Current Tax I.D. Number:		Current Tax I.D. Name:	
<u>New Tax I.D. Number:</u>		<u>New Tax I.D. Name:</u>	
Contact Name:	Phone:	Email:	

Forward completed form along with a W9 and copy of rejected claim (if applicable) to Provider Data Management Services via fax at 714-954-2330 or email at provideronline@caloptima.org.

If you need assistance, please contact Provider Data Management Services at 714-246-8468.

Thank you,

Provider Data Management Services