OPTUM360°

9945 Federal Avenue, Suite 100 | Colorado Springs, CO 80921 | www.optum.com

Provider Change Notice

This form is used to change any existing provider demographics which includes Tax ID's and NPI's.

Please allow 5 – 7 business days for your request to be completed.

Please note: THIS IS NOT A CANCELLATION FORM. Please open a case with Service and Support to cancel an account.

Effective Date & Rate Adjustment: Changes must be received by Optum360 ten (10) business days prior to the effective date. Once the request is received by Enrollments, the change will be noted on your account and then forwarded to Accounting. Any rate adjustment will not be reflected for at least 30 days. Changes received after the 15th of the month will not be reflected on your invoice until the second billing cycle following the receipt of the provider change request. Please direct any questions concerning your bill to the Accounts Receivable Department.

Please complete the following information and email to: providerchanges@optum.com For questions call: (866) 367-9778.

Optum360 User ID: ______________________ **Company Name:** ______________________

Contact Name: ______________________ **Contact Phone:** ______________________

Contact Fax: ______________________ **Contact Email:** ______________________

Change Demographic Information

Effective Date of Change: ______________________

Change Type: ☐ **Address** ☐ **Phone** ☐ **Fax** ☐ **Email** ☐ **Contact**

Old Address		New Address	
Old Phone#		New Phone#	
Old Fax #		New Fax #	
Old Contact		New Contact	
Old Email		New Email	

To Add or Delete a Provider Please Complete the following:

Request Type	Effective Date	Provider's Name	Tax ID	Individual NPI	Group Name	Group NPI
☐ Add ☐ Delete						
☐ Add ☐ Delete						
☐ Add ☐ Delete						
☐ Add ☐ Delete						

If you are adding a provider to a previously approved group, please also complete the Payer Enrollment Form and return along with this form. Providers that are not part of a previously approved group will need to complete an EMC Agreement for the appropriate payer and should not complete the Payer Enrollment Form.

Authorized Signature ______________________ **Date** ______________

Last Update: 10/23/2019