

Provider Account or Demographic Update Request



- I need a new online account or I am receiving an error when trying to create an account.
- I am an established provider and need to update my demographic information.
- I am an Out-of-Network (OON) provider and need to submit claims.

Please allow 5-7 business days for us to set up your account or update your demographics.

Section I: Provider Information

a. Facility Information

Clinic/Facility Name _____

Physical Address _____ City _____ State ____ Zip _____

Billing Address _____ City _____ State ____ Zip _____

Tax ID Number* _____

Type II NPI _____

Trading Partner Number (UHIN-Include HT pre ix) _____

Phone Number _____

b. Practitioner Information (repeat as needed)

Practitioner Name _____

Practitioner NPI _____

Practitioner Taxonomy Code _____

Practice address _____ City _____ State ____ Zip _____

Phone Number _____

Section II: Contact Information

Contact Name _____

Contact Title _____

Contact Email _____

Contact Phone Number _____

Section III: Submission Information

Authorized Signature _____

Title of Person Submitting _____

Submission Date _____

**Please attach W-9 form and specify the facility/provider that needs to be associated with the TIN.*

**CLICK HERE TO
SUBMIT FORM TO PEHP**