



# Provider Change Form

Questions? Contact Network Services  
 Monday – Friday, 8 a.m. – 5 p.m. CT at  
 (605) 322-4545 or toll-free at 1 (888) 322-2115.

TODAY'S DATE	REQUESTER NAME	REQUESTER PHONE
PROVIDER NAME	TAX IDENTIFICATION NUMBER (TIN)	EFFECTIVE DATE OF CHANGE
SIGNATURE		

### Please identify the change(s) requested.

Previous Information	New Information
Tax Identification Number (TIN) Change <i>PREVIOUS TIN</i>	<i>(Please attach W-9 Form for New TIN.)</i> <i>NEW TIN</i>
Name Change <i>PREVIOUS NAME</i>	<i>NEW NAME</i>
Address Change <i>PREVIOUS PHYSICAL ADDRESS</i>	<i>NEW PHYSICAL ADDRESS</i>
<i>PREVIOUS BILLING ADDRESS</i>	<i>NEW BILLING ADDRESS</i>
Phone Number Change <i>PREVIOUS PHONE NUMBER</i>	<i>NEW PHONE NUMBER</i>
Fax Number Change <i>PREVIOUS FAX NUMBER</i>	<i>NEW FAX NUMBER</i>
Provider(s) Leaving Practice	<i>PLEASE LIST NAME(S)</i>

**Please return this form to:**  
 Avera Health Plans, Network Services, 3816 S Elmwood Avenue, Suite 100, Sioux Falls, SD 57105-6538  
 Or Fax To: (605) 322-4540