



VIVA HEALTH PROVIDER INFORMATION CHANGE

Please indicate below what information has changed or is listed incorrectly and provide the correct information:

Provider Name: _____ Specialty: _____ UPIN: _____

Billing Address: _____

Physical Address: _____

Phone : (____) _____ Tax ID: _____ NPI: _____

Other _____

Effective Date of Change: _____

Comments/Issue:

Completed by: _____ **Date:** _____

If a new provider has joined the practice, please provide the following information:

Provider Name: _____ Specialty: _____ UPIN: _____

Address: _____

Phone : (____) _____ Effective Date: _____

Please forward to the attention of:
VIVA HEALTH PROVIDER RELATIONS
1222 14th Place South
Birmingham, AL 35205
Phone: 1-800-294-7780 or (205) 558-7556
Fax: (205) 558-7477

FOR INTERNAL USE ONLY

Reviewed (and verified if necessary) by Provider Relations
Reviewed by: _____

Reviewed (and corrected if necessary by Provider File Maintenance)
Reviewed by: _____

Reviewed (and corrected if necessary by Credentialing)
Reviewed by: _____

Reviewed (and corrected if necessary by Marketing)
Reviewed by: _____