

Provider Demographic Update Form
Please read before completing this form:

- This form is for MCC contracted providers only. To join the network, please visit our website at www.MCCofAZ.com.
- If you are a provider group and need to add a provider, please complete the provider information form. This can be found on our website at www.MCCofAZ.com.
- For large groups/facilities, please contact MCCAZ-Provider@molinahealthcare.com and request a roster template for your data changes*

Group/Agency Name:	Individual Practitioner Name:	Provider TIN:
Group/Agency NPI:	Practitioner NPI:	

Type of change
☐ Add

☐ Change

☐ Delete

Change category
☐ Address Update/Change*

☐ Physical Address

☐ Payment Address

☐ Mailing Address

***For address changes/updates,
please check all that apply**

☐ Name Update/Change

☐ NPI Update/Change

☐ TIN Update/Change

☐ Medicaid # Update/Change

☐ Specialty Update/Change

☐ Phone # Update/Change

☐ Medicare # Update/Change

☐ Open or Close Panel (give detail
below – e.g. no longer accepting
members)

Enter new/updated demographic information (only enter the information that you want us to update):

Name:	Address:	
City:	State:	ZIP code:
Phone #:	Fax #:	
NPI #:	TIN #:	
Medicaid #:	Medicare #:	
Specialty:		
Enter additional details about your change below:		

Please complete the below contact information so we can contact you if additional information is needed:

Contact Name and Title:
Contact Phone:
Contact Email:

Please email this completed form to MCCAZ-Provider@molinahealthcare.com or fax it to (888) 656-0369.