

Provider Demographic Update Tool Guide

Using the Online Provider Demographic Update tool at www.tricare-west.com

This tool is for network providers only.

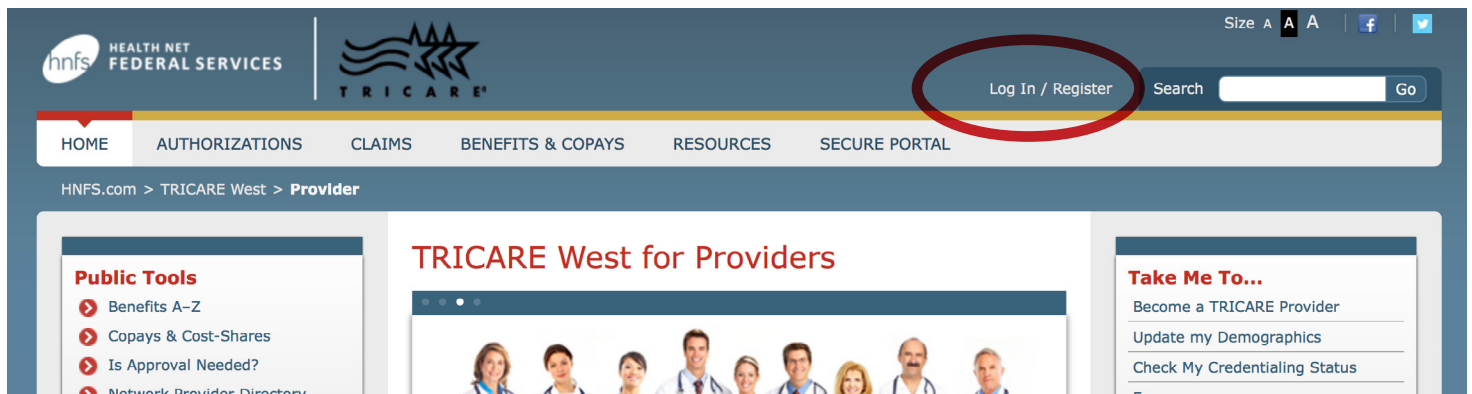
Key features:

- Allows providers to update Tax Identification Numbers (TINs), addresses, telephone numbers, and provider rosters
- Available to network providers only
- Offers quicker processing to update demographic information

Non-network provider updates: If you are a non-network provider, please use the Non-Network Provider Information Request Form at www.tricare-west.com > *Provider* > *Resources* > *Provider Forms* > *Non-Network Provider Forms*.

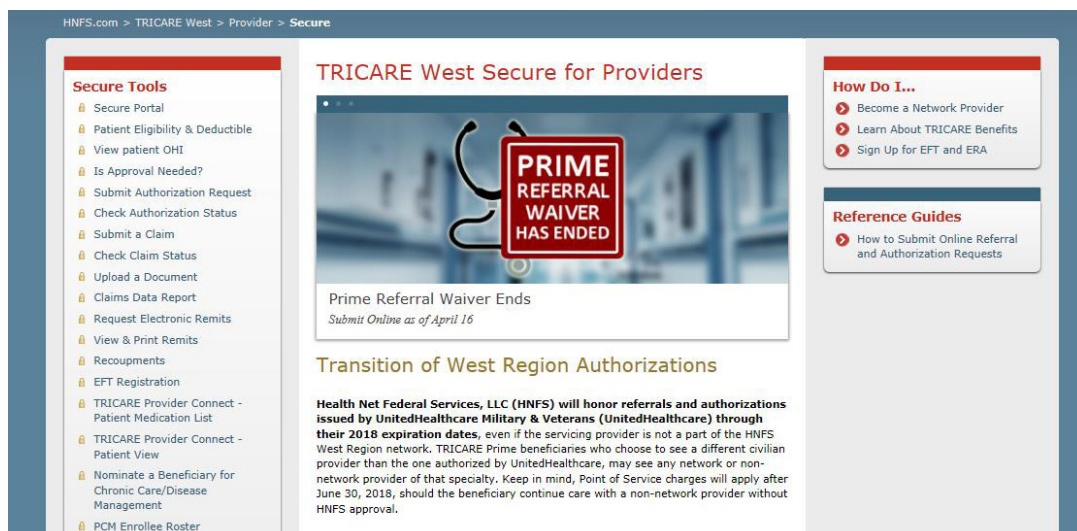
Step 1:

Log in at www.tricare-west.com > *Provider*. If you do not yet have a username/password, click the **Register** link to complete the registration process. (Be sure to have TRICARE claim/authorization data handy to expedite this process.)



Step 2:

From the secure portal, click on **Update Demographics** in the **Secure Tools** box.



Step 3:

Enter the National Provider Identifier (NPI). Select **Organization NPI** for provider groups; Select **Individual Practitioner NPI** for individuals. *Note: This guide uses the Individual NPI option*

Update Demographics - For Network Providers

* = Required Field

* **Update Demographics Details of**

Organization NPI Individual Practitioner NPI

* **Individual Practitioner NPI** ?

Note: Non-network provider updates cannot be submitted online. Please complete the **Non-Network Provider Information Update Request Form** to submit changes.

Tip: If non-network data is entered, you'll get a message reminding you to use the Non-Network Provider Information Update Request Form.

Step 4:

A list of organizations affiliated with the provider/provider group will display. Click **Select** to choose the record to update.

Update Demographics - For Network Providers

* = Required Field

* **Update Demographics Details of**

Organization NPI Individual Practitioner NPI

* **Individual Practitioner NPI** ?

Individual Practitioner/Provider Details

	TIN	SSN	Organization NPI	Organization Name	First Name	Last Name	Location
Select	1234567890	XXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
Select	1234567890	XXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
Select	1234567890	XXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
Select	1234567890	XXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
Select	1234567890	XXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345

Step 5: TIN Change

If you are making a change to the TIN, do so here. Otherwise, skip ahead.

Note: Please upload a W-9 Form if you are making changes to the TIN, name or billing address. See step 10.

Update Demographics - Network Providers

* = Required Field

First Name ? **Last Name** ?

Individual Practitioner NPI ?

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change Name Change Address Change Practitioner Termination Request Delete Location Summary

Tax Identification Number ? **TIN to be Terminated** ?

Termination Date ? **Reason for Termination** ?

TIN to be Added ? **Effective Date** ?

Additional New TIN to be Added ? **Effective Date of Association** ?

Step 6: Name Change

If you need to make a name change, do so here. Click **Save and Continue** to proceed. Otherwise, skip ahead.

Update Demographics - Network Providers

* = Required Field

First Name ? **Last Name** ?

Individual Practitioner NPI ?

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change **Name Change** Address Change Practitioner Termination Request Delete Location Summary

*** First Name** ? **Middle Name** ?

*** Last Name** ? **New Organization Name** ?

Step 7: Address Change

If you need to make an address change, do so here. Click **Save and Continue** to proceed. Otherwise, skip ahead.

Update Demographics - Network Providers

* = Required Field

First Name **Last Name**

Individual Practitioner NPI

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change **Name Change** **Address Change** Practitioner Termination Request Delete Location

PRACTICE ADDRESS UPDATES

Update Address/Suite/Fax/Telephone/Email

* **Address Line**

* **City** * **State** * **Zip Code** **Suite Number**

* **Effective Date** * **Email Address**

* **Telephone** **Ext**

Fax **Referral Fax**

Step 8: Practitioner Termination Request

If you need to terminate or reassign a practitioner, please enter in the appropriate information and click **Save and Continue**. Otherwise, skip ahead. *Tip: The * symbol indicates a required field.*

Update Demographics - Network Providers

* = Required Field

First Name **Last Name**

Individual Practitioner NPI

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change **Name Change** **Address Change** **Practitioner Termination Request** Delete Location Summary

* **Practitioner Name** * **Individual Practitioner NPI**

* **Effective Date of Termination** * **Reason for Termination**

Practitioner to Reassign To

BACK **SAVE AND CONTINUE** **SKIP**

Step 9: Delete Location

If you need to delete a location, indicate an effective date and click **Save and Continue**. Otherwise, skip ahead.

Update Demographics - Network Providers

* = Required Field

First Name **Last Name**

Individual Practitioner NPI

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change Name Change Address Change Practitioner Termination Request Delete Location

* **Effective Date**

Address Line

City **State** **Zip Code** **Suite Number**

Email Address

Telephone **Ext**

Fax **Referral Fax**

Step 10: Summary

Preview the changes made. You may print a copy for your records by clicking **Print**. If you need to upload a W9 form, please make sure to upload that on this screen. If everything looks correct, click **Save and Continue** to submit your changes.

First Name **Last Name**

Individual Practitioner NPI

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change Name Change Address Change Practitioner Termination Request Delete Location **Summary**

SUMMARY

ADDRESS CHANGES

Practice Address Updates:
Update Address/Suite/Fax/Telephone/Email

New Value	Old Value
Address Line: 123 Any St.	Address Line: 123 Any St.
City: Any Town	City: Any Town
State: CA	State: CA
ZIP Code: 12345	ZIP Code: 12345
Effective Date: 01/01/2001	Effective Date: 01/01/2000
Email Address: 12345@email.com	Email Address: 12345@email.com
Telephone: (123) 555-1234	Telephone: (123) 555-1234
General Fax:	General Fax:

Step 11:

HNFS will receive the requested changes and process accordingly. Timelines for processing vary depending on the number of requests received, but generally average 2–5 business days.

End of Guide