

# 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 Demographi	cs - For Network Providers
* = Required Field	
* Update Demographics Details of	
<ul> <li>Organization NPI</li> <li>Individual Pra</li> <li>* Individual Practitioner NPI</li> </ul>	ctitioner NPI
1234567890	NEXT
lote: Non-network provider updates cann tequest Form to submit changes.	ot be submitted online. Please complete the Non-Network Provider Information Update

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.

Jpdate Der * = Required Field	nogra	phics - F	or Network	Provid	lers	
Update Demograph	ics Details	of				
Organization NPI	Individu	Jal Practitioner NF	I			
1234567890			NEXT			
ndividual Practi	tioner/P	<b>rovider Deta</b> Organization NPI	ils Organization Name	First Name	Last Name	Location
<mark>Select</mark> 1234567890	XXX-XX- 1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
<mark>Select</mark> 1234567890	xxx-xx- 1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
<mark>Select</mark> 1234567890	xxx-xx- 1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
<mark>Select</mark> 1234567890	xxx-xx- 1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
<mark>Select</mark> 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.* 

First Name 🔞	Last Name 🔞		- 0	
John	Doe			
Individual Practitioner NPI 🥹				
1234567890				
Note : Please upload 'W9 Form' in case you	are making updates to	'TIN', 'Name' or 'Billing	g Address'.	
TIN Change Name Change	Address	Practitioner	Delete Location	Summa
	Change	Termination		
		Request		
•				
Fax Identification Number 💡	TIN to be Termina	ted 🔞		
1234567890			1	
Fermination Date	Reason for Termin	ation 🙆		
MM - DD - YYYY			1	
	-		1	
FIN to be Added 😳	Effective Date 🔞			
	MM - DD - YYYY			
Additional New TIN to be Added 🔞	Effective Date of A	ssociation 🔞		

## Step 6: Name Change

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

	Last Name 🔞			
John	Doe		-	
Individual Practitioner NPI 🥹				
1234567890				
Note : Please upload 'W9 Form' in case you a	are making updates to '	TIN', 'Name' or 'Billing	g Address'.	
TIN Change Name Change	Address	Practitioner	Delete Location	Summar
	Change	Request		
• •				
* First Name 💡	Middle Name 😮		1	
	5			

# Step 7: Address Change

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

First Name 🔞		Last Name 🔞		
John		Doe		
Individual Practi	tioner NPI 📀			
1234567890				
Note : Please uplo	ad 'W9 Form' in case yo	u are making updates to	) 'TIN', 'Name' or 'Billing	g Address'.
TIN Change	e Name Change	e Address Change	Practitioner Termination	Delete Locat
			Request	
PRACTICE AI	DDRESS UPDATE	S @		
PRACTICE AI	DDRESS UPDATE	S 🥹		
PRACTICE AI Update Address Address Line ( 123 Any St.	DDRESS UPDATE	S 🥹	•	]
PRACTICE AI Update Addres Address Line ( 123 Any St. * City @	DDRESS UPDATE ss/Suite/Fax/Telephone/ 2 * State 2	Email * Zip Code @	Suite Number 🥝	]
PRACTICE AI Update Address Address Line 123 Any St. City Any Town	DDRESS UPDATE ss/Suite/Fax/Telephone/ * State @ CA ~	• Zip Code @ 12345	Suite Number 🚱	
PRACTICE AI Update Addres Address Line 123 Any St. City Any Town Effective Date	DDRESS UPDATE ss/Suite/Fax/Telephone/ * State @ CA ~ @ * Emai	<ul> <li>S @</li> <li>Email</li> <li>* Zip Code @</li> <li>12345</li> <li>Address @</li> </ul>	Suite Number 📀	
PRACTICE AI Update Address Address Line 123 Any St. City City City Effective Date 01/01/2001	DDRESS UPDATE ss/Suite/Fax/Telephone/ 2 * State @ CA ~ @ * Emai @ Unknov	S      O      Email      * Zip Code      O      12345      Address      O      wn	Suite Number 🕢	
PRACTICE AI Update Addres Address Line 123 Any St. City Any Town Effective Date 01/01/2001 Telephone ()	DDRESS UPDATE ss/Suite/Fax/Telephone/	S @ Email * Zip Code @ 12345 I Address @ wn Ext @	Suite Number 🥑	
PRACTICE AI Update Address Address Line Address Line City City City City City City City City	DDRESS UPDATE ss/Suite/Fax/Telephone/ 2 * State ? CA ~ ? CA * Emai Unknor	S @ Email * Zip Code @ 12345 I Address @ wn Ext @	Suite Number @	

### **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*.

Last Name 😣			
Doe			
are making updates to	'TIN', 'Name' or 'Billing	Address'.	
Address Change	Practitioner Termination Request	Delete Location	Summary
•	•		
* Individual Pract	itioner NPI 💡		
* Reason for Tern	nination 🥝		
	Last Name Doe are making updates to Address Change * Individual Pract * Reason for Term	Last Name  Doe  Doe  Address Practitioner Change Termination Request  Address Reason for Termination	Last Name  Doe  Doe  are making updates to 'TIN', 'Name' or 'Billing Address'.  Address Practitioner Change Practitioner Termination Request  * Individual Practitioner NPI   * Reason for Termination

## **Step 9: Delete Location**

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

First Name 🔞		Last Name 🔞		
John		Doe		
Individual Practitio	ner NPI 🔞			
1234567890				
Note : Please upload	'W9 Form' in case you a	are making updates to	'TIN', 'Name' or 'Billing A	Address'.
TIN Change	Name Change	Address Change	Practitioner Termination Request	Delete Location
•	•	•	•	•
* Effective Date				
04/06/2018				
Address Line 🔞				
123 Any St.				
123 Any St. City 🔞	State 😢	Zip Code 📀	Suite Number 🔞	
123 Any St. City @ Any Town	State 😧 CA 🗸	Zip Code 🥹 12345	Suite Number 🥹	
123 Any St. City @ Any Town Email Address @	State 🚱 CA 🗸	Zip Code 🥹 12345	Suite Number 💡	
123 Any St. City © Any Town Email Address @ Unknown	State 🥑 CA 🗸	Zip Code 🥹 12345	Suite Number 🥹	
123 Any St. City @ Any Town Email Address @ Unknown Telephone @	State 📀 CA 🗸	Zip Code @ 12345 Ext @	Suite Number 🥹	
123 Any St. City © Any Town Email Address © Unknown Telephone @ (123) 555-1234	State 🥥 CA 🗸	Zip Code 😧 12345 Ext 📀	Suite Number 🥹	
123 Any St. City © Any Town Email Address @ Unknown Telephone @ (123) 555-1234 Fax @	State 🥝 CA 🗸	Zip Code 😧 12345 Ext 😧 Referral Fax 🚱	Suite Number 🥹	

#### 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.

ohn		Doe			
dividual Practitioner NPI	0				
234567890					
te : Please upload 'W9 Form'	in case you are	making updates to	'TIN', 'Name' or 'Billing A	A <mark>ddress</mark> '.	
TIN Change Name	e Change	Address Change	Practitioner Termination Request	Delete Location	Summa
				•	
			•	•	•
JMMARY			•	•	•
JMMARY ADDRESS CHANGES			•	•	•
JMMARY ADDRESS CHANGES Practice Address Updates	5:		•	•	•
JMMARY ADDRESS CHANGES Practice Address Update Update Address/Suite/Fax,	5: /Telephone/Em.	ail	•	•	•
JMMARY ADDRESS CHANGES Practice Address Update Update Address/Suite/Fax, New Value	5: /Telephone/Em	ail Old Val	ue	•	•
JMMARY ADDRESS CHANGES Practice Address Update Update Address/Suite/Fax, New Value Address Line: 123 Any St.	5: /Telephone/Em	ail Old Val Address	ue Line: 123 Any St.	•	•
JMMARY ADDRESS CHANGES Practice Address Update Update Address/Suite/Fax, New Value Address Line: 123 Any St. City: Any Town	5: /Telephone/Em	ail Old Val Address City: An	ue Line: 123 Any St. y Town	•	•
JMMARY ADDRESS CHANGES Practice Address Update: Update Address/Suite/Fax, New Value Address Line: 123 Any St. City: Any Town State: CA	s: /Telephone/Em	ail Old Val Address City: An State:	ue Line: 123 Any St. y Town CA	•	•
JMMARY ADDRESS CHANGES Practice Address Update: Update Address/Suite/Fax, New Value Address Line: 123 Any St. City: Any Town State: CA ZIP Code: 12345	S: /Telephone/Em	ail Old Val Address City: An State: ZIP Cod	ue Line: 123 Any St. y Town CA e: 12345	•	•
ADDRESS CHANGES Practice Address Update: Update Address/Suite/Fax, New Value Address Line: 123 Any St. City: Any Town State: CA ZIP Code: 12345 Effective Date: 01/01/2001	5: /Telephone/Em	ail Old Val City: An State: ZIP Cod Effectiv	ue Line: 123 Any St. y Town CA e: 12345 b Date: 01/01/2000	•	•
JMMARY ADDRESS CHANGES Practice Address Update: Update Address/Suite/Fax, New Value Address Line: 123 Any St. City: Any Town State: CA ZIP Code: 12345 Effective Date: 01/01/2001 Email Address:	s: /Telephone/Em	ail Address City: An State: ZIP Cod Effectiv Email A	ue Line: 123 Any St. y Town CA e: 12345 2 Date: 01/01/2000 differes: 12345@email.cc	• 	•
JMMARY ADDRESS CHANGES Practice Address Update: Update Address/Suite/Fax, New Value Address Line: 123 Any St. City: Any Town State: CA ZIP Code: 12345 Effective Date: 01/01/2001 Email Address: 12345@email.com	5: /Telephone/Em	ail Address City: An State: ZIP Cod Effectiv Email A Telepho	ue Line: 123 Any St. y Town CA e: 12345 e Date: 01/01/2000 ddress: 12345@email.cd ddress: 12345@email.cd	m	•
JMMARY ADDRESS CHANGES Practice Address Update: Update Address/Suite/Fax, New Value Address Line: 123 Any St. City: Any Town State: CA ZIP Code: 12345 Effective Date: 01/01/2001 Email Address: 12345@email.com Telephone: (123) 555-123-	5: /Telephone/Em	ail Address City: An State: ZIP Cod Effectiv Email A Telepho General	ue Line: 123 Any St. y Town CA e: 12345 a Date: 01/01/2000 dtdress: 12345@email.cc ne:(123) 555-1234 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