

UPHG PGIP Practice Unit and Provider Update

Practice Unit (PU) Name			Effective Date of Change	
Street Address and Suite Number			PU Lead	
City	State	Zip	PU Lead Telephone Number	PU Lead E-Mail Address

PU UPDATE

Reason for Practice Unit Update: New PU PU is closing PU name change PU has new address
Other: _____

PU Name	PU Address
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PROVIDER UPDATE

Reason for Provider Update: New Provider Provider no longer with PU Provider changed specialty
 Provider information change Other: _____

Provider Full Name	License Type	Primary Specialty	NPI
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PU LEAD UPDATE

Reason for PU Lead Update: New PU Lead Additional PU Lead PU Lead information change (replace previous lead) Other: _____

PU Lead Full Name	Phone Number	Email Address
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I hereby state the information provided on this update is correct and the information provided pertains to my practice only

Authorized Signature

Date

Type or Print Name of Signer

Signer's Title

Return completed form to UPHGPGIP@uphp.com

For Internal Use Only

_____ UPHP Network _____ PA Tool/OSC _____ Database

Notes: