



PROVIDER UPDATE FORM

To make sure the information we have on record is accurate, please complete this form for any changes to your name, tax identification number (TIN), or address. You must also attach a current W-9 Form.

Name: _____ NPI _____

If this is a new name, please indicate the previous name:

Tax ID Number (TIN): _____

If this is a new TIN, please indicate the previous TIN:

Old Billing Address:

Street _____

City _____ State _____ ZIP _____

New Billing Address:

Street _____

City _____ State _____ ZIP _____

Phone Number: (_____) _____

Service Location Address, if different than above:

Street _____

City _____ State _____ ZIP _____

Phone Number: (_____) _____

Effective Date of Change: _____

Should payments be mailed to the new address, regardless of the date of service?

- Yes
- No (Please explain) _____

This PDF form may be submitted to Deseret Mutual via email. Save your entered data with an **Adobe Reader 8 or newer** program, attach the file to your e-mail, and send your e-mail to providerupdates@dmba.com

You may also mail or fax it to:

Deseret Mutual Benefit Administrators
Attn: Provider Maintenance
PO Box 45530, Salt Lake City, Utah 84145
Fax 1-801-578-5903