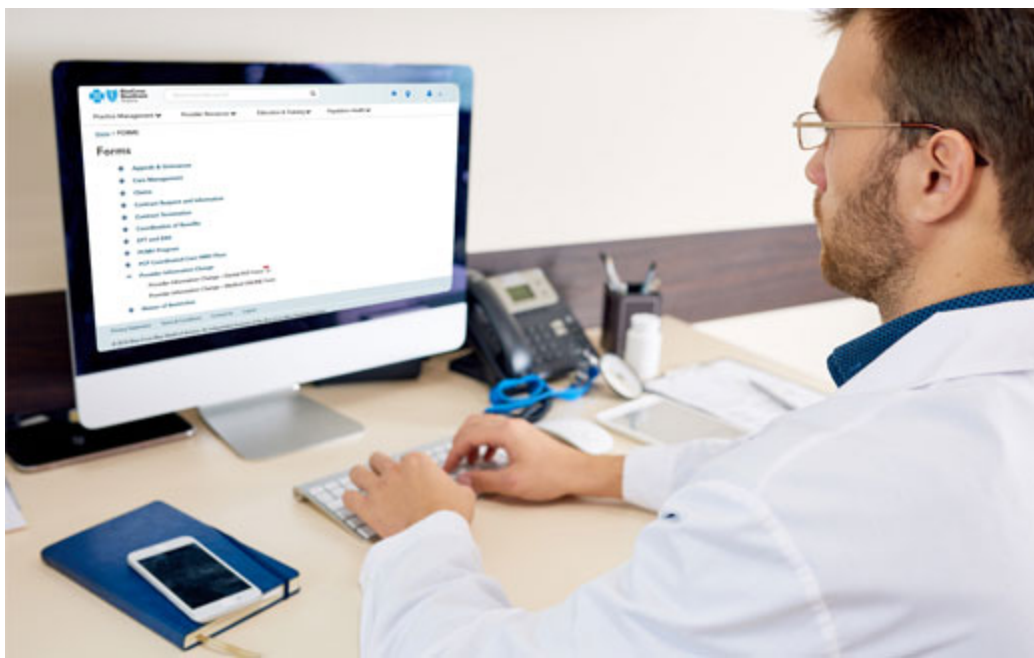


# Making it easy: Send us quick data updates online!

 [pages.azblue.com/Save-time-with-the-smart-online-change-form---FEB-2022.html](https://pages.azblue.com/Save-time-with-the-smart-online-change-form---FEB-2022.html)

[Sign in – Secure Provider Portal](#) 



In the November 2021 newsletter, we updated you on the new Blue Cross® Blue Shield® of Arizona (BCBSAZ) [90-day data verification process](#). We also shared information about timely notification of changes using the Provider Information Change Form. To further streamline our processes and improve efficiency, we now require the use of the digital version of this form for all updates other than tax ID changes. Please note: The same is true for the medical Contract Request/Information Form because we are now using a [digital version](#) of that form as well.

 [In This Issue](#)

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## Save time with the “smart” online Provider Information Change Form

The online change form allows you to indicate what type of change you’re reporting and complete only the applicable fields. It also lets you know when you’ve missed required information.

# BCBSAZ Provider Change Form

[\*] indicates a required field.

Date: Tuesday, February 01, 2022

The following changes apply to:

\*Provider Name

Degree (If applicable)

\*NPI

\*Tax ID Number

Select all the categories that require a change:

- ☐ Address/Phone-Fax/Office Hours  
☐ NPI Number

- ☐ Business Email/Business Website URL  
☐ Privileges (Hospital/surgical facilities)

- ☐ Provider Name/Degree  
☐ Specialty

Tax ID Changes: Please download and complete all fields of the [PDF version](#) of this form.

For example, if you're changing a business email address for communications, you only need to complete three fields pertaining to that change:

## Business Email (Not a personal email)

☒ Change Business Email address

☐ Add a Business Email address

☐ Remove an existing Business Email address

\* Old Business Email address

\* New Business Email address

\* Confirm Business Email address

After you've updated the information, sign the form electronically, enter the date, and hit submit. With all required fields completed, we can quickly and accurately update our system. The online form helps prevent delays that happen when information isn't entered.

Please note, if you're making a **tax ID change**, you will need to complete *all* fields of the PDF version of the form. You will find a link to the PDF within the online form. PDF forms submitted without required information will be returned.

Important! *PDF forms submitted for updates other than tax ID changes will not be accepted. Similarly, PDF forms submitted for medical contract requests or information updates will not be accepted.*

## Your timely notifications help us keep our provider directory accurate

BCBSAZ requests at least 60 days' advance notice of changes whenever possible. To ensure timely updating of our provider directory, providers are *required* to inform BCBSAZ of changes no later than 14 days after the effective date.

We no longer accept change notifications verbally or via email. The online change form is available via the secure portal at [azblue.com/providers](https://azblue.com/providers). Go to “Provider Resources > Forms > Provider Information Change.”

### **Let's avoid these unnecessary situations**

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If we do not receive written notice of a provider's change of email, billing, and/or mailing address, we will continue sending correspondence, including claim payments, to the address or account currently listed in our system. BCBSAZ is *not* responsible for misdirected communications or payments that occur because the provider failed to timely notify BCBSAZ of a change.

BCBSAZ also will not be responsible for lost or returned U.S. mail if we do not receive notification of address changes from the provider 60 days prior to the effective date of the change. In addition, we recommend that the provider submit a change of address form through the U.S. Postal Service.

### **Questions?**

If you have questions, please reach out to your [provider liaison](#) or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

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Our members can take a digital ID card with them wherever they go with the MyBlue AZ<sup>SM</sup> mobile app.

