

Provider Demographic Update

Effective Date of Change: ___/___/___

DIRECTORY FIELD	CURRENT INFORMATION	CORRECTIONS OR UPDATES
First Name		
Last Name		
Gender		
Licensure/Degree		
California License Number		
Provider NPI		
Additional Languages Spoken		
Specialties		
Affiliated Medical Group(s)		
Scripps Hospital Affiliation(s)		
Practice Name		
Address		
Suite #		
City, State, Zip		
Primary Location		
Phone Number		
Clinical Fax Number		
PCP Status		
PCP Panel Status		<input type="checkbox"/> Accepting New Patients <input type="checkbox"/> Accepting Existing Patients <input type="checkbox"/> Available by Referral Only <input type="checkbox"/> Available Only through a Hospital or Facility <input type="checkbox"/> Not Accepting New Patients

Your signature below indicates you have made modifications and are requesting those updates. Please fax to Provider Relations at 858-260-5851, Attn: Demographic Updates. Or email to ProviderRelations@scrippshealth.org, Subject: Demographic Updates.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Phone Number: _____