

Non-Network Practitioner Affiliation/Disaffiliation Request Form

This form is used to affiliate or disaffiliate a practitioner to a professional service location. If adding a new professional service location, please use the Provider Information Update Request Form.

If adding a new facility location or a new practitioner, please visit our certification forms library on www.TRICARE-West.com.

Please note: for EDI and paper claims submitters, rendering affiliations are performed systematically via claims submission.

Type of Change: (please check which action you are requesting)

- New rendering affiliation*
Date practitioner joined the group: _____
*XpressClaim User Request only MM/DD/YYYY
- Rendering disaffiliation
Date practitioner left the group: _____
MM/DD/YYYY

Practitioner Information

Practitioner Name: _____

Practitioner NPI: _____

Service Location Information

Group Name: _____

Tax ID: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

NPI: _____

- Disaffiliation request applies to all service locations of your Tax ID

Name and phone number of the person to contact if additional information is needed:

NAME: _____ PHONE: _____

Return completed form to:
TRICARE West Provider Data Management
P.O. Box 202106
Florence, SC 29502-2106
Fax: 1-844-730-1373
1-844-866-WEST (1-844-866-9378)