



VIVA HEALTH PROVIDER INFORMATION CHANGE FORM

Please indicate below what information has changed or is listed incorrectly and provide the correct information:

Provider Name: _____ Specialty: _____ VIVA#: _____

Billing Address: _____

Physical Address: _____

Phone: _____ Tax ID: _____ NPI #: _____

Fax: _____ Group NPI #: _____

Other: _____

Effective Date of Change: _____

Comments/Issues:

Completed by: _____ Date: _____

Please forward to the attention of: **VIVA HEALTH PROVIDER RELATIONS**
Fax: 205-558-7477
vivaproviderservices@uabmc.edu

1222 14th Street South
Birmingham AL 35205
Phone: 1-800-294-7780 or 205-558-7474

FOR INTERNAL USE ONLY

Reviewed (and verified if necessary) by Provider Relations Reviewed by: _____	Reviewed (and corrected if necessary by Provider File Maintenance) Reviewed by: _____
Reviewed (and corrected if necessary by Credentialing) Reviewed by: _____	Reviewed (and corrected if necessary by Marketing) Reviewed by: _____