

## Provider Demographics Address Change Form

Date of request: \_\_\_\_\_ Amerigroup provider ID: \_\_\_\_\_

Does this request affect one or more of the following? (Check all impacted by updated demographics.)

- Practitioner  
  Group  
  Facility/ancillary (credentialing may be required for new service location)  
 All practitioners in the group/facility (attach a list of all participating practitioners in group)

***If the provider is currently participating through an independent physician association (IPA) or physician-hospital organization (PHO), please make provider demographic changes through the IPA or PHO directly. A demographic change received from outside of the standard IPA or PHO process will not be processed.***

Provider name:	NPI (practitioner*):
Tax ID:	NPI (group/facility):
Specialty:	
Website/URL of practice:	

\* If more than one practitioner needs to be updated, please attach a separate sheet and list name(s)/NPI.

Primary address (If additional locations exist, list them on a separate sheet.)		
<b>New</b> street address:		
City:	State:	ZIP code:
County (required):		
Phone:	Fax:	Email:
<b>Old</b> street address:		
City:	State:	ZIP code:
Phone:	Fax:	Email:
Office hours:	After-hours services offered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Remit address (W-9 is required with new address for tax information and 1099.)		
<b>New</b> street address:		
City:	State:	ZIP code:
County (required):		
Phone:	Fax:	Email:
<b>Old</b> street address:		
City:	State:	ZIP code:
Phone:	Fax:	Email:

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Coverage provided by Amerigroup Inc.

Correspondence address		
New street address:		
City:	State:	ZIP code:
Phone:	Fax:	Email:
Old street address:		
City:	State:	ZIP code:
Phone:	Fax:	Email:
Amerigroup online provider directory		
Please indicate if you would like to be included in the Amerigroup online provider directory: <input type="checkbox"/> Yes <input type="checkbox"/> No		

The questions below are tied to the *Americans with Disabilities Act*. Your answers will help us to designate symbols and icons to use for your office in the provider directory as required by federal and state regulations.

Accessibility (Please complete only if the physical address has changed above.)
<p>1. Indicate whether your practice has basic or limited access for those with disabilities:</p> <p><input type="checkbox"/> <b>Basic:</b> Basic access is defined as having access for people with disabilities to parking, building(s), elevator(s), the doctor's office, the exam room and the restroom(s).</p> <p><input type="checkbox"/> <b>Limited:</b> Limited access means some access is missing in one or more features like parking, building(s), elevator(s), the doctor's office, exam room(s) and restroom(s).</p>
<p>2. Does your <b>office</b> have:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Accessible parking spaces and van accessible space(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Pathways with curbed ramps between the parking lot, office and drop-off locations that are wide enough for a wheelchair or scooter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Handrails on both sides of ramps?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A An accessible entrance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Doors wide enough for a wheelchair or scooter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Door handles that are easy to use?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Wide interior ramps with handrails?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Stairs, if present, with handrails?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A An elevator, if present, that is available to use anytime the building is open, easy-to-hear sounds and Braille buttons within reach, and room for those using a wheelchair or scooter to turn around?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A A platform lift, if present, that can be used without help?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A An exam table that moves up and down?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A A scale with handrails to help those using a wheelchair or scooter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A A weight scale that can accommodate a wheelchair?</p>
<p>3. Do you have a <b>restroom</b> with the following: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <ul style="list-style-type: none"> <li>• Doors wide enough for a wheelchair or scooter?</li> <li>• Doors that are easy to open?</li> <li>• Room for those using a wheelchair or scooter to turn around and close the door?</li> <li>• Grab bars for easy transfer from wheelchair to toilet?</li> <li>• An accessible sink where the faucets, soap and toilet paper are easy to reach?</li> </ul>
<p>4. Do you have an exam room with the following: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <ul style="list-style-type: none"> <li>• An entrance with an accessible, clear path?</li> <li>• Doors wide enough for a wheelchair or scooter?</li> <li>• Doors that are easy to open?</li> <li>• Room for a person using a wheelchair or scooter to turn around?</li> </ul>
<p>5. Please provide the TTY line your practice uses, if any:</p>

Authorized provider/representative signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

This form must be signed and include a contact's name and phone number before it can be submitted for update.  
Return the form to your assigned Provider Relations representative or by email to  
TXProviderRelations@amerigroup.com.

**Please also update demographic information with Texas Medicaid & Healthcare Partnership (TMHP).**