



## Provider Update Form

Effective Date: \_\_\_\_\_

New/Updated Information

Secondary Location

### Current Information

Provider Name: \_\_\_\_\_  
Last First

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_  
Street City State Zip

Contact Information: \_\_\_\_\_  
Phone Fax Email

Tax ID Numbers: \_\_\_\_\_  
Individual Group Medicaid Number

NPI Numbers: \_\_\_\_\_  
Individual Clinic/Facility Pay To

### New/Updated Information

Provider Name: \_\_\_\_\_  
Last First

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_  
Street City State Zip

Contact Information: \_\_\_\_\_  
Phone Fax Email

Tax ID Numbers: \_\_\_\_\_  
Individual Group Medicaid Number

NPI Numbers: \_\_\_\_\_  
Individual Clinic/Facility Pay To

Please return this form and W-9 to:

Beth Baer

13215 Birch Dr., Suite 200, Omaha, NE 68164

Office: 402.934.4744 Ext 220

Fax: 402-934-4908

E-mail: [bbaer@securecarecorp.com](mailto:bbaer@securecarecorp.com)

\* Payers may take up to 8 weeks for a Tax ID # change to take effect in their systems \*