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*Email or fax form to CHC

Fill out the Pharmacy Information section, only the sections for which information needs to be updated, & the Signature section.

☞ For Legal Business Name or Tax ID changes, information must be updated with IRS prior to submitting this form.

☐ **Must submit Vendor Management Form, W9, & ORIGINAL bank letter or ORIGINAL voided check.**

PHARMACY INFORMATION

*REQUIRED FIELD **REQUIRED IF CHANGE APPLIES TO MULTIPLE PHARMACIES.

*PHARMACY NAME: _____

**TRADING PARTNER NAME: _____ **TRADING PARTNER #: WY _____

*NPI: _____ *EFFECTIVE DATE OF CHANGE: _____

UPDATE LEGAL BUSINESS NAME &/OR PHARMACY NAME

📄 LEGAL BUSINESS NAME: _____

PHARMACY NAME: _____

UPDATE PHARMACY PHONE/FAX/TAX ID

PHONE: _____ FAX: _____

📄 TAX ID: _____

UPDATE CONTACT PERSON

NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

EMAIL: _____

UPDATE PHARMACY STREET ADDRESS

OLD INFORMATION

NEW INFORMATION

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

UPDATE CORRESPONDENCE ADDRESS

Compliance communication and other correspondence will be sent to this address.

OLD INFORMATION

NEW INFORMATION

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

UPDATE CHECK (PAYMENT) ADDRESS

OLD INFORMATION

NEW INFORMATION

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

I certify that the above information is true and correct to the best of my knowledge. (Must be signed by Authorized Signer.)

*SIGNATURE: _____ *TITLE: _____

*PRINTED NAME: _____ *DATE: _____