

## PROVIDER CHANGE INFORMATION

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When a provider changes personal information such as address, TIN or name changes, it is pertinent you contact us immediately. If MCC does not obtain this information in a timely manner, our Claims Payers/Employer Groups will not be able to process your claims, send your payment, or print current information in our directory. Any change of information should be communicated to MCC as soon as possible. Changes such as clinical addresses, billing address's, TIN changes can and will effect your claims payments.

Providers may submit personal changes to MCC's Provider Relations Department in the following manner

- **BY INTERNET:**      **www.MCCNEVADA.com.**
- **BY FAX:**            **(702) 933-6659**
- **BY MAIL:**            **311 NORTH PECOS ROAD, STE 100**  
                                 **HENDERSON, NV 89074**

*For questions concerning changes in your demographic information you may call (702) 792-2994.*

Provider information can be changed quickly and easily on our website at [www.MCCNEVADA.com](http://www.MCCNEVADA.com). You can also download the W-9 form needed when making billing or TIN changes, however, this form must be faxed to our Provider Relations department.

All change information must be received in writing on provider letterhead, unless submitted through our website. Please include a copy of a current W-9 form (available on-line) for all billing or TIN changes. The following information is necessary to make your change requests.

- NAME OF GROUP TIME FRAME THE CHANGE OCCURS.
- NAME OF PROVIDER OR PROVIDERS ASSOCIATED WITH GROUP
- TIN NUMBER IDENTIFY IF THIS TIN IS USED FOR IN-PATIENT/OUTPATIENT SERVICES, FACILITY OR PROFESSIONAL CHARGES.
- DATE OF CHANGE
- TYPE OF SERVICES BEING RENDERED
- CLINICAL ADDRESS'S
- BILLING ADDRESS
- CONTACT PERSON
- COPY OF CURRENT W9 FORM

