



MEDICARE ADVANTAGE LOCATION DEMOGRAPHIC / UPDATE FORM

INSTRUCTIONS

- A Location Demographic / Update Form must be completed for each change in location, change in Tax ID or NPI, Ownership or Legal name change. These may require a new contract.
- If you need to add a new location, please use the [Location Add Form](#).
- If you need to add services to your existing contract, please contact Aspirus Health Plan at info@aspirushealthplan.com.
- All changes must be submitted at least 30 calendar days prior to effective date. Missing information may cause delays in updates.
- For status checks and questions on how to fill out the form, please contact Aspirus Health Plan's Provider Assistance Center at 715-631-7412 or toll free at 1-855-931-4851.

Email the completed form to: providerappMA@aspirushealthplan.com.



MEDICARE ADVANTAGE LOCATION DEMOGRAPHIC / UPDATE FORM

Billing Address:

Billing Address:

Billing City:

Billing City:

Billing State:

Billing State:

Billing Zip:

Billing Zip:

Physical Address:

Physical Address:

Physical City:

Physical City:

Physical State:

Physical State:

Physical Zip:

Physical Zip:

NPI:

NPI:

OTHER INFORMATION

Hours (Hours should be submitted in the format of 7-5)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Comments (Additional Information):

By signing this form below, you validate that the above information is accurate and true to the best of your knowledge.

Signature: