



Provider Information Change Notification Form

USA Managed Care Organization, Inc.
Attn: Provider Relations
1250 S. Capital of Texas Hwy, Bldg 3-500 • Austin, TX 78746
Fax: (512) 306-1921
Email: providerinfo@usamco.com

Date: _____

USA H&W Network • USA WIN • USA SPAA • USA Transnet • USA Genesis • USA Medicare Select
USA Managed Care Organization, Inc. makes every attempt to ensure the accuracy
of provider address information. Should your office location change, or you add a new location,
please complete this form in its entirety and email, fax or mail to the above address.

Outdated Information –

Name: _____ Degree: _____
Clinic/DBA: _____ EIN #: (Federal or SSN) _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
WEB site: _____ E-mail: _____

Revised Information –

Name: _____ Degree: _____
Clinic/DBA: _____ EIN #: (Federal or SSN) _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
WEB site: _____ E-mail: _____

Photo copies of this document form may be used - Please keep an original on file.

Thank you for your continued participation.

For more information on USA MCO products and services, please visit our website at www.usamco.com.