



# Provider Information Change Notification Form

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USA Managed Care Organization, Inc.  
Attn: Provider Relations  
4609 Bee Caves Road, Suite 200, Austin TX 78746 Fax: (512) 306-1921  
Email: [providerinfo@usamco.com](mailto: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### *Outdated Information –*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](http://www.usamco.com).