Municipal Health Benefit Program
Provider Update Form

What type of change is being requested?

☐ **Add (Complete Section I)**

☐ **Change of Address (Complete Section II)**

☐ **Update (Complete Section III)**

☐ **Change of Tax ID (Complete Section IV)**

☐ **Terminate (Complete Section V)**

SECTION I: Addition of Providers to an Active Contract	
Individual Provider Name & NPI	
Provider Specialty	
Practice Office NPI & Name to Add Provider	
Tax Id Number & Name of Group	
Effective Date to Add	

(If adding to more than one practice office or tax id number for a provider, use a separate form for each)

SECTION II: Change of Address	
Current Physical Address	
Practice Office NPI & Name	
Street Address	
City, State, Zip	
Phone Number	
Fax Number	
New Physical Address	
Practice Office NPI & Name	
Street Address	
City, State, Zip	
Phone Number	
Fax Number	

Current Billing Address	
Legal Name	
Mailing Address	
City, State, Zip	
Phone Number	
Fax Number	
New Billing Address	
Legal Name	
Mailing Address	
City, State, Zip	
Phone Number	
Fax Number	

(If billing address change affects multiple locations, use separate form for each location.)

SECTION III: Update Information (change of name, specialty, or credentials only)	
Individual Provider Name & NPI	
Provider Specialty	
Effective Date	

SECTION IV: Change of Tax ID Number (requires copy of new W9)	
Current Information	
Legal Name	
Tax ID Number	
Termination Date	
New Information	
Legal Name	
Tax ID Number	
Effective Date	

(Submit listing of all providers and locations affected by Tax ID change.)

SECTION V: Terminate	
Individual Provider Name & NPI	
Practice Office NPI & Name	
Tax Id Number & Name of Group	
Effective Date	

Requestor Contact Information	
Change Requested By	
Contact Number	
Date Requested	

Please submit all changes or questions/inquires directly to mhbfproviderrelations@arml.org. Submitting a change to an individual provider relations representative may delay processing.

Appeals/Claim Submission Address:

Municipal Health Benefit Program
PO Box 188
North Little Rock, AR 72115

Email form to MHBP

Print Form Clear Form

Customer Service – 1-888-265-6427
Customer Service Fax – 501-537-7252
Website: https://www.arml.org/services/mhbp

For MHBP Office Use Only	
Payment Contract Assignment	
Contract Vendor	
Update Completed By/Date	