Network Provider Update Form

<table>
<tr><td colspan="8">Effective Date of Update:</td></tr>
<tr><td colspan="8">Type of Update: ☐ Change ☐ Addition ☐ Termination ☐ Info Only</td></tr>
<tr><td colspan="4">CURRENT Information
(Complete this section in its entirety, no exceptions)</td><td colspan="4">NEW Information
(Complete this section in its entirety, no exceptions)</td></tr>
<tr><td>Provider Name</td><td colspan="3"></td><td>Provider Name</td><td colspan="3"></td></tr>
<tr><td>Group Name</td><td colspan="3"></td><td>Group Name</td><td colspan="3"></td></tr>
<tr><td>TIN</td><td colspan="3"></td><td>TIN</td><td colspan="3"></td></tr>
<tr><td>Primary Address</td><td colspan="3"></td><td>Primary Address</td><td colspan="3"></td></tr>
<tr><td>City, State</td><td></td><td>Zip</td><td></td><td>City, State</td><td></td><td>Zip</td><td></td></tr>
<tr><td>Phone</td><td></td><td>Fax</td><td></td><td>Phone</td><td></td><td>Fax</td><td></td></tr>
<tr><td>Mailing Address</td><td colspan="3"></td><td>Mailing Address</td><td colspan="3"></td></tr>
<tr><td>City, State</td><td></td><td>Zip</td><td></td><td>City, State</td><td></td><td>Zip</td><td></td></tr>
<tr><td>Phone</td><td></td><td>Fax</td><td></td><td>Phone</td><td></td><td>Fax</td><td></td></tr>
<tr><td>Pay Claims to Address</td><td colspan="3"></td><td>Pay Claims to Address</td><td colspan="3"></td></tr>
<tr><td>City, State</td><td></td><td>Zip</td><td></td><td>City, State</td><td></td><td>Zip</td><td></td></tr>
<tr><td>Phone</td><td></td><td>Fax</td><td></td><td>Phone</td><td></td><td>Fax</td><td></td></tr>
<tr><td colspan="4">Notes/Comments</td><td colspan="4">Notes/Comments</td></tr>
<tr><td colspan="4">Submitted By:</td><td colspan="2">Title</td><td colspan="2">Phone:</td></tr>
<tr><td colspan="8">Email to: provider.services@truehealthnewmexico.com or fax to: 1-888-282-3483, ATTN: Provider Services Department</td></tr>
<tr><td colspan="8">True Health New Mexico Use ONLY
☐ Copy Given to PRS Rep ☐ Updated in IntelliCred by: _______________________ ☐ Filed Electronically in Correspondence in Provider File</td></tr>
</table>

THNM-ID0037-1017