

## Notification of Covering Provider

### I. Instructions

This form should be **typed or legibly printed in black ink**.

Use this form to add or delete covering provider information for Asuris Northwest Health *Participating* Providers. It is not necessary to fill out this form for Primary Care Providers Practicing under the same tax identification number.

**Note: Locum Tenens and Temporary Providers are excluded. See your provider manual for information on these provider types.**

Send the Completed Form w/ attachments to:  
**Asuris Northwest Health  
Provider Network Management  
PO Box 21267 M/S 916  
Seattle, WA 98111-3267**

Or fax the Completed Form w/ Attachments to:  
**Asuris Northwest Health  
Provider Network Management  
(888) 289-1313**

If you have any questions, contact Asuris Northwest Health Provider Network Management at 1-800-245-6024.

### II. Covering Provider Information

Last Name:	First:	Middle:
Tax Identification Number:	Rider Number:	Effective Date:
Additional Providers Included in this Change:		

### III. Provider Requesting Change

Provider Name:	Tax Identification:		
Clinic Name (if applicable):	Address:	City:	
Date:	Provider Signature:		