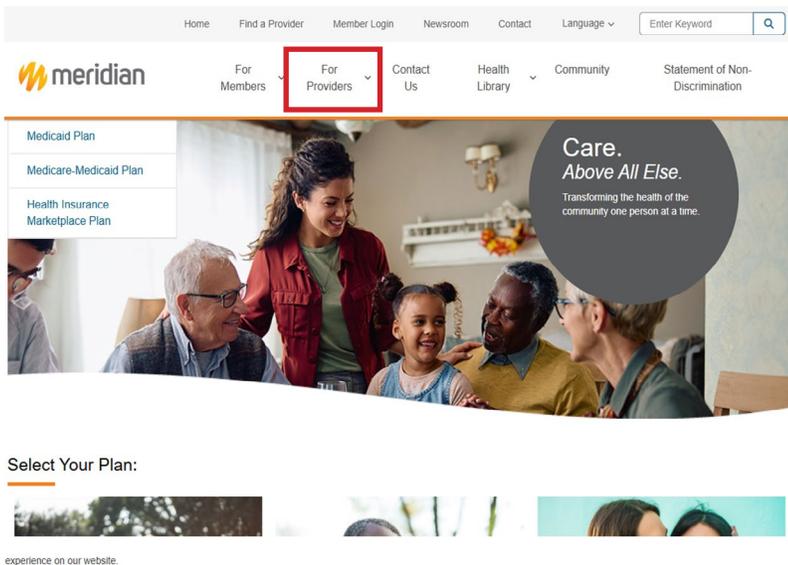


Demographic Update

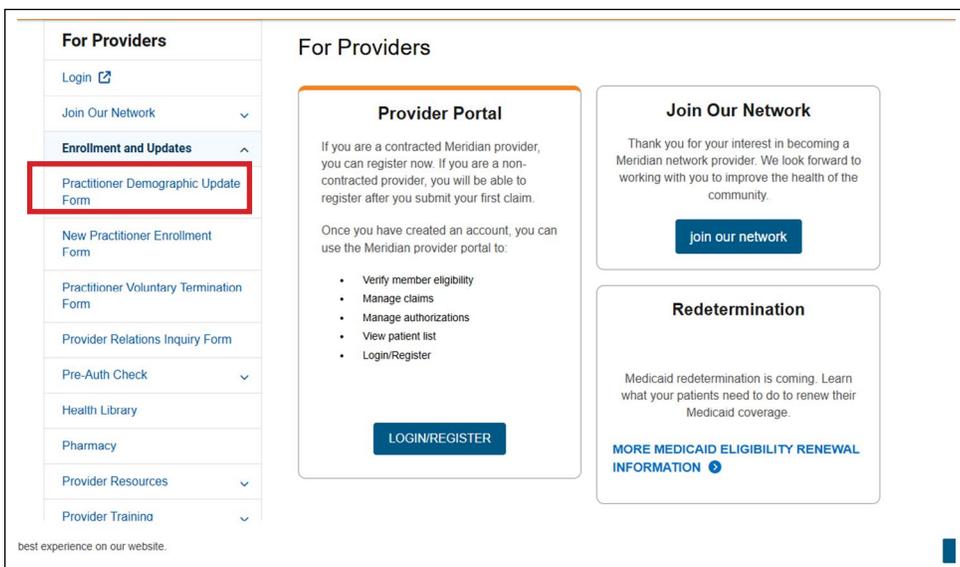
Provider Guide

The purpose of this Job Aid is to demonstrate how to navigate the Demographic Update tool via the MI Meridian Website

1. Navigate to the **MI Meridian Website:** <https://www.mimeridian.com/>
2. Select the **For Providers** tab



3. Navigate to the **Enrollment and Updates** tab on the left-hand side and select the **Practitioner Demographic Update Form**





Demographic Update

Provider Guide

- Select the **Practitioner Change Form Template** and open the link to the **Excel Form**

Practitioner Demographic Update Form

Meridian is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner. If you are an existing participating practitioner, simply complete and upload the form below to communicate any needed demographic updates.

[Practitioner Change Form Template \(Excel | .xlsx\)](#)

Practitioner Update Form Upload *

No file chosen

W-9 Form Upload (required for all billing/remittance address changes)

No file chosen

Name Change Documentation Upload (required for name changes/updates)

No file chosen

Update requested by:

First Name: * Last Name: *

Contact Email: * Contact Phone Number *

- Select the **Change Form Instruction** tab and follow the listed instructions to complete the information fields requested in the **Change Form** tab

Instructions - Change Form Information

NOTES:

- * Yellow Highlighted field denotes mandatory required fields for roster.
- * "Practitioner" and "Provider" terms are used, where "Practitioner" is an individual person providing care, and "Provider" is an organization.
- * Failure to provide all information requested and accurate information will result in delay with practitioner being listed.

Num (Roster Form)	Field Name	Values
A	Change Requested	Billing/Remittance Address Change
		Existing Practice Location Address Change
		Practice Location Phone/Fax Number Change
		Practice Location Office Hours Change
		Provider Digital Contact Information Change
		Add a New Practice Location
		Remove an Existing Practice Location
		Practitioner Change to a PCP
		Practitioner Change to a Specialist
		Practitioner Accepting New Members Status Change
		Practitioner Age Restrictions Limitations Change
		Practitioner Panel Size Change
		Practitioner Directory Status Change
		Add/Remove Practitioner Languages Spoken
Practitioner Name Change		
	Other - Provide Details in Column B	
B	Details on Requested Change	
C	Effective Date of Change	XX/XX/XXXX
D	Member Reassignment	
E	NEW PCP Last Name	
F	NEW PCP First Name	
G	NEW PCP Title/Degree	See "Key - Degrees" tab for valid values
H	NEW PCP Practitioner NPI (Type 1) (10)	10 digits (no alpha or dashes)

Change Form Instructions | **Change Form** | Key - Practitioner Specialties | Key - Degrees | Key - Provider Specialty



Demographic Update

Provider Guide

6. Upload the **Change Form Template** under the **Practitioner Update Form Upload**

Practitioner Demographic Update Form

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[Practitioner Change Form Template \(Excel | .xlsx\)](#)

Practitioner Update Form Upload *
 No file chosen

W-9 Form Upload (required for all billing/remittance address changes)
 No file chosen

Name Change Documentation Upload (required for name changes/updates)
 No file chosen

Update requested by:

First Name: * Last Name: *

Contact Email: * Contact Phone Number *

7. Upload the **W9 Form** if making a billing/remittance address change

Practitioner Demographic Update Form

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[Practitioner Change Form Template \(Excel | .xlsx\)](#)

Practitioner Update Form Upload *
 No file chosen

W-9 Form Upload (required for all billing/remittance address changes)
 No file chosen

Name Change Documentation Upload (required for name changes/updates)
 No file chosen

Update requested by:

First Name: * Last Name: *

Contact Email: * Contact Phone Number *



Demographic Update

Provider Guide

8. Upload the **Name Change Documentation Form** if making a name change/update

Practitioner Demographic Update Form

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[Practitioner Change Form Template \(Excel | .xlsx\)](#)

Practitioner Update Form Upload *

No file chosen

W-9 Form Upload (required for all billing/remittance address changes)

No file chosen

Name Change Documentation Upload (required for name changes/updates)

No file chosen

Update requested by:

First Name: *

Last Name: *

Contact Email: *

Contact Phone Number *

9. Complete the **Update Requested By** information fields and select the **Submit** button to complete

Practitioner Demographic Update Form

Meridian is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner. If you are an existing participating practitioner, simply complete and upload the form below to communicate any needed demographic updates.

[Practitioner Change Form Template \(Excel | .xlsx\)](#)

Practitioner Update Form Upload *

No file chosen

W-9 Form Upload (required for all billing/remittance address changes)

No file chosen

Name Change Documentation Upload (required for name changes/updates)

No file chosen

Update requested by:

First Name: *

Last Name: *

Contact Email: *

Contact Phone Number *

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