

**Provider Maintenance Form Instructions**

**Keeping Provider Records Up To Date**

**Where is the PMF?**

1. Go to <http://www.goldenwestdental.com/provider/index.html>
2. Next: Please click on “Online Provider Maintenance Form.”

**Please follow these instructions when submitting the PMF:**

* Complete all applicable sections. This form has multiple options (+) for changes. Complete only the sections applicable to the requested change(s). NOTE: This form will time out after 30 minutes of activity or inactivity and all entries made but not yet submitted will be lost.
* Please note: A Network Representative will contact if your change requires a W-9, or any additional required documentation to complete the update
* Please select the “Click Here” for either option 1 or option 2, depending on the change your requesting.
* Next select the (+) sign to expand the General Information section. This section is always mandatory. Complete all required fields.

Note: At least one NPI (individual or organizational) is a required option on form. The Provider’s information entered should be the name of who owns the Tax Identification Number for this practice location.

* After the General Information section is completed select the plus sign (+) to open up the section related to the change your requesting. All required fields will be noted with an asterisk (\*)
* Some changes require additional documentation, example a W-9 for a change to Tax ID/IRS Name. If required please use the Upload feature at the bottom of the form. See next slide for full instructions.

**How to submit an attachment:**

* Use the upload feature for any documentation you wish to send to Anthem to support information entered on this form. You will be allowed to attach MS Word, MS Excel, 'jpg', 'pdf', 'gif', 'txt' or 'csv' file types. There is a combined limit of 10 MB for your attachments.
* Go to the bottom section of the form, select “Browse”. This feature will allow you to find the documentation that you saved on your computer to select and attach.
* Click “Upload File”

**Finalizing your submission:**

* Next click "SUBMIT“.
* By selecting submit you agree to the following: I hereby request the above changes and certify that the foregoing information is true and correct and that I am the named professional or am otherwise authorized to make this request and certification on behalf of the named professional.
* Once you hit submit, you will receive a message “Your provider maintenance form has been successfully submitted”
* Please all 30 business days for processing