

# Provider Directory Error Report Form

PROVIDER INFORMATION
Provider Name (First, Last) or Facility Name
Office or Practice Name
Provider Phone Number or Address

What type of error did you find for this provider? Please provide the correct information if you have it.

TYPE OF ERROR	CORRECT INFORMATION (IF KNOWN)
<input type="checkbox"/> Phone Number	
<input type="checkbox"/> Address	
<input type="checkbox"/> Other Information	

**Note:** We verify all corrections before changing the directory listing.

OPTIONAL	
May we contact you with any questions?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how can we reach you?	
Your Name	
Phone Number	Email Address

Save your completed form and email to [ProvNet@azblue.com](mailto:ProvNet@azblue.com)

If you are a provider, Please include your NPI \_\_\_\_\_ and tax ID \_\_\_\_\_ or complete and send us a [Provider Information Change Form](#)

**Thank you for your help in keeping our provider directory accurate**