



Division of Medical Services
Gainwell Technologies Provider Enrollment Unit
P.O. Box 8105, Little Rock, AR 72203-8105
P: (501) 376-2211 WATS: (800) 457-4454 F: (501) 374-0746

Provider Address Change Form

Provider Name _____
(Please print)

Arkansas Medicaid Provider ID Number _____

Provider's Signature _____ Date _____

Service Location Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

Pay To Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

Home Office Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

Mailing Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

Update this information in the [provider portal](#) (preferred) or complete this electronic form and mail to **Medicaid Provider Enrollment Unit - Gainwell Technologies** P.O. Box 8105 Little Rock, AR 72203-8105

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