



Address Update Form

Overview

Use this form to add or remove an address on file with EmpowerChiro.

Instructions

1. Complete this form. Submit additional pages as needed for additional addresses.
2. Attach a completed W-9 form (info.empowerchiro.com/content/W-9-Form.pdf)

Please send the completed form to EmpowerChiro using one of the following options:

Email: providerservice@empowerchiro.com
Fax: (316) 687-2113

Mail: EmpowerChiro
7309 E 21st St N Ste 110
Wichita, KS 67206

Provider Information

Provider Name: _____
NPI Individual: _____ NPI Group: _____

Address Information

Address Type:	Primary	Secondary	Please remove this address from EmpowerChiro
Please send mail to this location for all clinics			
Clinic Name:	_____		
Address:	_____		
City:	_____		
State:	_____	Zip:	_____
Phone:	_____	Fax:	_____
County:	_____		
Tax ID:	_____		
Office Hours:	_____		
Email:	_____		



Address Type: Primary Secondary Please remove this address from EmpowerChiro

Please send mail to this location for all clinics

Clinic Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

County: _____

Tax ID: _____

Office Hours: _____

Email: _____

Address Type: Primary Secondary Please remove this address from EmpowerChiro

Please send mail to this location for all clinics

Clinic Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

County: _____

Tax ID: _____

Office Hours: _____

Email: _____