

abbvie Account Update Request Form for Existing Customers Instructions

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INSTRUCTIONS

1. Select a Request Type and complete all fields.
2. Save the completed PDF including your Request Type and Account Number in the file name.
Example: Ownership Change – Account 1234567
3. Email the completed form to IR-CustomerMaster@allergan.com, including your Request Type and Account Number in the subject line.
Example: Address Change – Account 1234567

Important Note: If multiple account updates are required, kindly submit a separate PDF form and email for each Request Type.

REQUEST TYPE (Click to select one)

- [Shipping Address Change](#)
- [Add New Shipping Location](#)
- [Business Name Change](#)
- [Ownership Change](#)
- [Account Reactivation](#)
- [Medical Director Change](#)
- [Contact Information Update](#)

CONTACT INFO

Contact Person First/Last Name: _____
Contact Person Title: _____

Contact Person Phone: _____
Contact Person Email: _____

- Billing Address Also Changing? Select
- Shipping Account Number:
- New Ship-To Address:
- New Ship-To Facility Name (for c/o):
- Business Phone Number:
- Medical Director Name:
- Medical Director State License Number:
- Medical Director Email:

OHIO ONLY

Is the practice headquartered in Ohio?

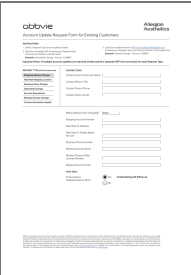
☒ Yes

☐ No

Credentialing will follow-up



Documents / Resources

	<p>abbvie Account Update Request Form for Existing Customers [pdf] Instructions Account Update Request Form for Existing Customers, Update Request Form for Existing Customers, Request Form for Existing Customers, Form for Existing Customers, Existing Customer s, Customers</p>
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References

- [AbbVie DSRM](#)
- [US Privacy Policy - Privacy Policies | AbbVie](#)