



Provider Change of Address

Use when changing addresses but keeping the same Tax ID

CLINIC INFORMATION

| | | | |
|-----------------|----------------------|-------------------|----------------------|
| Tax ID Number | <input type="text"/> | Clinic NPI Number | <input type="text"/> |
| Clinic Name | <input type="text"/> | | |
| Contact Person | <input type="text"/> | | |
| Contact's Email | <input type="text"/> | | |
| Clinic Email | <input type="text"/> | | |

PREVIOUS ADDRESSES

| | | | | | | | |
|------------------|----------------------|-------------|----------------------|-------|----------------------|-----|----------------------|
| Physical Address | <input type="text"/> | City | <input type="text"/> | State | <input type="text"/> | ZIP | <input type="text"/> |
| Phone Number | <input type="text"/> | Fax Number | <input type="text"/> | | | | |
| Billing Address | <input type="text"/> | City | <input type="text"/> | State | <input type="text"/> | ZIP | <input type="text"/> |
| Billing Phone | <input type="text"/> | Billing Fax | <input type="text"/> | | | | |

NEW ADDRESSES

Changes to the clinic billing address must include a W-9 or the request will be returned.

Did the name of your clinic change as well? Yes No

| | | | | | | | |
|-------------------|----------------------|-------------|----------------------|-------|----------------------|-----|----------------------|
| Clinic Name | <input type="text"/> | | | | | | |
| Physical Address | <input type="text"/> | City | <input type="text"/> | State | <input type="text"/> | ZIP | <input type="text"/> |
| Appointment Phone | <input type="text"/> | Fax Number | <input type="text"/> | | | | |
| Payment Name | <input type="text"/> | | | | | | |
| Billing Address | <input type="text"/> | City | <input type="text"/> | State | <input type="text"/> | ZIP | <input type="text"/> |
| Billing Phone | <input type="text"/> | Billing Fax | <input type="text"/> | | | | |
| Billing Email | <input type="text"/> | | | | | | |

Effective Date of Changes (Must be a future date otherwise changes will apply the date this form is received by Blue Cross and Blue Shield of Nebraska)

For mailing or billing address changes, please submit the W9 in addition to this form.

Please email this form to HealthNetworkRequests@NebraskaBlue.com.