

Use this form when adding or changing Tax ID numbers. This form will transfer all existing provider agreements.
 NOTE: If this form is not signed and/or dated, it will be returned without further action.

Select One Option:

- ADD:** Adds an additional location* with the same Tax ID
- EXTEND:** Adds new location with a new Tax ID but keeps current/old location and Tax ID active
- TRANSFER:** Adds new location with a new Tax ID and terminates the current/old location and Tax ID

Requested Effective Date of Changes: _____ *Effective date must be a future date otherwise changes will apply the date this form is received by Blue Cross and Blue Shield of Nebraska.

Provider Signature: _____ Date: _____

Basic Provider Information

Current/Active Tax ID:	Individual NPI Number:
Nebraska License Number:	Social Security Number:
Provider Name/Title:	Provider's Date of Birth:
Client Contact Person:	Phone:

New Information

New Tax ID Number:	Clinic NPI Number:
Clinic Name:	
Physical Address:	City, State, ZIP Code:
Appointment Phone Number:	Fax Number:
Billing Address:	Billing City, State, ZIP Code:
Billing Phone:	Billing Fax:

Email Information

Clinic Email:
Provider Email:

* Facilities/Institutions must be credentialed prior to adding a new location. Example: durable medical equipment (DME), pharmacy, ambulatory surgery center (ASC), skilled nursing facility (SNF), hospital.

Please mail, email or fax this form to:

Mail: Blue Cross and Blue Shield of Nebraska
 Health Network Administration
 PO Box 3248
 Omaha, NE 68180-0001

Email: HealthNetworkRequests@NebraskaBlue.com

Fax: 402-343-3455 ATTN: Health Network Administration

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