

Use this form when adding or changing Tax IDs. 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 \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**Basic Provider Information**

Current/Active Tax ID:	Individual NPI Number:
NE License Number:	Social Security Number:
Provider Name/Title:	
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:	Payment Name:
Billing Address:	Billing City, State, Zip Code:	
Billing Phone:	Billing Fax:	

**Email Information**

Clinic Email:
Provider Email:

**Please fax, email or mail this form to:**  
 Blue Cross and Blue Shield of Nebraska  
 Health Network Administration  
 1919 Aksarben Drive • PO Box 3248  
 Omaha, NE 68180-0001

**Email:** HealthNetworkRequests@NebraskaBlue.com  
**Toll Free Fax:** 402-343-3455  
 ATTN: Health Network Administration  
**Phone:** 877-435-7258  
 402-982-7711

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