



Change of Address Form

Use this form to update your physical, pay to, correspondence and/or billing agency addresses for Preferred Blue®, BlueChoice HealthPlan, Healthy BlueSM, State Health Plan, and FEP networks.

Note: If you are changing a pay to address, the provider or the CEO, CFO, director of finance, or director of billing must sign this form for your protection.

Name: _____

Tax ID Number: _____

NPI Number: _____

Effective Date: _____

Phone Number: _____

Old Physical Address:

Phone Number: _____

Fax number: _____

Old Pay to Address:

Phone Number: _____

Fax number: _____

Old Correspondence Address:

Phone Number: _____

Fax number: _____

New Physical Address:

Phone Number: _____

Fax number: _____

New Pay to Address:

Phone Number: _____

Fax number: _____

New Correspondence Address:

Phone Number: _____

Fax number: _____

Old Billing Agency:

Phone Number: _____

Fax number: _____

New Billing Agency:

Phone Number: _____

Fax number: _____

Signature: _____

Printed Name: _____

Organization Affiliation: _____

Title: _____ Date: _____

Email Address (required for notification): _____

Please email this form to Provider.Blue.Updates@cbssc.com or fax it to 803-264-4795.