

Provider Information Update Form

I. Instructions	
This form should be typed or legibly printed in black ink.	
<ul style="list-style-type: none"> ◆ If address is changing, please include the Proof of Insurance facesheet for the new location. ◆ If the tax is changing, please include the W-9 tax form. 	
Send the Completed Form w/ attachments to:	Or fax the Completed Form w/ Attachments to:
Regence BlueShield Provider Network Management PO Box 21267 M/S 916 Seattle, WA 98111-3267	Regence BlueShield Provider Network Management (888) 289-1313
If you have any questions, contact Regence BlueShield Provider Services at 1-800-562-2156.	

II. Old Information		
Office Street Address:	City/State/Zip	Phone Number: ()
Billing Address (if different from above):	City/State/Zip	Billing Phone Number: ()
Tax Identification Number:		

III. New Information or Additional Location (please circle)		
Name of practice / Affiliation or Clinic Name:		
NPI: <i>If you are a Type 2 provider as defined by CMS, please contact your provider relations representative to report your NPI to Regence.</i>		
Office Street Address:	Suite:	City/State/Zip
		Phone Number: ()
<input type="checkbox"/> Check if this is a home address		Fax Number: ()
Billing Address (if different from above):	City/State/Zip	Billing Phone Number: ()
New Specialty (list all that apply):		
Tax Identification Number (if changing):		
Owner of Tax:		
Effective Date of Change:	Contact Name and Phone Number: ()	
Providers Affected by This Change:		

Requestor Signature: _____