

ADDRESS/PHONE NUMBER CHANGE FORM

This form is used to notify Highmark of changes to your address and/or phone number.

FACILITY/ANCILLARY INFORMATION				
Legal name				
DBA Name				
Blue Shield ID		NPI		Effective Date of Change

Update Requested

PHONE NUMBER	
Previous	New

PHYSICAL ADDRESS	
Previous	New

BILLING/CHECK ADDRESS	
Previous	New

CREDENTIALING CONTACT INFORMATION				
Previous	Name:			
	Address:			
	Phone		Fax:	
	Email:			
New	Name:			
	Address:			
	Phone		Fax:	
	Email:			

Upon completion, please fax form to 1-888-667-8495