

# Clinic Change of Address

Use when changing addresses but keeping the same Tax ID

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## CLINIC INFORMATION

Tax ID Number	<input type="text"/>	Clinic NPI Number	<input type="text"/>
Clinic Name	<input type="text"/>		
Contact Person	<input type="text"/>		
Contact's Email	<input type="text"/>		
Clinic Email	<input type="text"/>		

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## PREVIOUS CLINIC ADDRESSES

Physical Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>				
Billing Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Billing Phone	<input type="text"/>	Billing Fax	<input type="text"/>				

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## NEW CLINIC ADDRESSES

Did the name of your clinic change as well?  Yes  No

Clinic Name	<input type="text"/>						
Physical Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Appointment Phone	<input type="text"/>	Fax Number	<input type="text"/>				
Payment Name	<input type="text"/>						
Billing Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Billing Phone	<input type="text"/>	Billing Fax	<input type="text"/>				
Billing Email	<input type="text"/>						

Effective Date of Changes  (Must be a future date, otherwise changes will apply the date this form is received by Blue Cross and Blue Shield of Nebraska)

The mailing or billing address must include a W-9. Requests received without a W-9 will be returned.

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Please email this form to [HealthNetworkRequests@NebraskaBlue.com](mailto:HealthNetworkRequests@NebraskaBlue.com).