Change in Provider Information—Institutional and Ancillary Providers Only

CareFirst Family of health care plans

INSTRUCTIONS

Use this form to report institutional or ancillary provider address, name and/or tax identification information changes. Send this form along with your letterhead to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., Institutional Contracting, Mailstop CG-51, 10455 Mill Run Circle, Owings Mills, MD 21117-0825, or email: Ancil-Institutional.contracting@carefirst.com.

GENERAL INFORMATION

Office Contact	Phone #	Date
Provider Name	Tax ID	
Doing Business As Name (if applicable)	Provider #	National Provider Identifier (NPI)

ADDRESS OR PHONE NUMBER CHANGE

Check all boxes that apply for the type of change and specify what is changing.

What's Changing

- ◯ Office Address
- ◯ Tax ID #
- ◯ Payee/Billing/Vendor information
- ◯ Directory Information
- ◯ Mailing Address
- ◯ Email Address

Effective Date of Change

Current Address		New Address	
Current Phone #	Current Fax #	New Phone #	New Fax #
Current NPI #		New NPI # (include NPI email confirmation for NPPES)	
Current Email Address		New Email Address	

If this is a new additional location you must also complete and submit the Request for Information (RFI) and Facility Data Sheet forms.

NAME CHANGE—ATTACH A W9 FOR EACH LOCATION

Previous Name	New Name	Effective Date

TAX ID CHANGE—ATTACH A W9 FOR EACH LOCATION

Previous Tax ID	New Tax ID	Effective Date

If this is a change in ownership you must also complete and submit the Request for Information (RFI) and Facility data sheet forms for each location.

AUTHORIZED SIGNATURE

Person authorized to make change (Print Name)

Signature	Title	Date

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