



### 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 Blue<sup>SM</sup>, State Health Plan and FEP networks. 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 and NPI Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Old Physical Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Physical Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Old Pay to Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Pay to Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Old Correspondence Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Correspondence Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Old Billing Agency:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Billing Agency:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Required for notification when we complete changes)

Please email this form to [Provider.Blue.Updates@bcssc.com](mailto:Provider.Blue.Updates@bcssc.com) or fax 803-264-4795.