

# Change in Provider Information— Institutional and Ancillary Providers Only



**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. Phone: 410-872-3526, fax: 410-505-2765.

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	Tax ID #	Payee/Billing/Vendor information	Effective Date of Change
Office Address	Mailing Address	Email Address	
Directory Information			
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