

Provider Information Update Form

I. Instructions

◆ If the tax identification (ID) number is changing, please include the W-9 tax form.

Send the completed form with attachments to the address or fax number listed below:

Regence BlueCross BlueShield of Oregon
Attn: Provider Services
P.O. Box 1271 M/S E7D
Portland, OR 97207-1271

Fax: (503) 225-6911

If you have any questions, contact your provider relations representative.

II. Old Information

Office Street Address:	City	State	Zip	Phone Number: ()
Billing Address (if different from above):	City	State	Zip	Billing Phone Number: ()
Tax ID Number:				

III. New Information or Additional Location

Name of practice / Affiliation or Clinic Name:

NPI:

If you are a Type 2 provider as defined by CMS, please contact your provider services consultant to report your NPI to Regence.

Office Street Address:		City	State	Zip	Phone Number: ()
Suite:	Check if this is a home address: <input type="checkbox"/>				Fax Number: ()
Billing Address (if different from above):		City	State	Zip	Billing Phone Number: ()
Email Address:		Owner of Email:			
New Specialty (list all that apply):					
Tax ID Number (if changing):		Owner of Tax ID Number:			
Effective Date of Change:		Contact Name:			
		Phone Number: ()			
Providers Affected by This Change:					

Requestor Signature: _____

