

EBPA BENEFITS PROVIDER UPDATE REQUEST

Type of Change Requested

(Check All That Apply)

☐ TIN Change

☐ Address Change

☐ Add Provider

☐ Term Provider

TIN

New TIN

Effective Date

Term Date

Provider Name

NPI

Practice Name

NPI

Street Address

City

State

ZIP

Phone Number

Fax Number

PAYMENT REMIT ADDRESS INFORMATION

Street Address/PO Box

City

State

ZIP

Phone Number

Fax Number

email for us to contact you with confirmation: