

## Provider Information Update Form

### I. Instructions

This form should be **typed or legibly printed in black ink**.

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

Send the Completed Form w/ attachments to: Or fax the Completed Form w/ Attachments to:

**Regence BlueCross BlueShield of Utah  
 Provider Services M/S 26  
 P.O. Box 30270  
 Salt Lake City, UT 84130-0270**

**Fax: (801) 333-6558**

If you have any questions, contact Regence Provider Services at 1 (800) 621-2155 Option 6 Option 2.

### II. Old Information

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

### III. New Information or Additional Location (please circle)

Name of practice / Affiliation or Clinic Name:		
<b>NPI:</b> <i>If you are a Type 2 provider as defined by CMS, please contact your provider services consultant to report your NPI to Regence.</i>		
Office Street Address: Suite: Check if this is a home address	City/State/Zip	Phone Number: ( ) 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 Identification Number (if changing): Owner of Tax ID Number:		
<b>Effective Date of Change:</b>	Contact Name and Phone Number: ( )	
Providers Affected by This Change:		

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