



BLUE CROSS

PROVIDER UPDATE FORM

Use this form to update your practice information and keep our provider directory current.
Send the completed form by email at provider.relationswest@premera.com or fax: 425-918-4937.
Check out our self-service tools at premera.com/wa/provider/.

GENERAL INFORMATION

Practice name: _____
Practice tax ID/EIN: _____
Organization NPI: _____
Credentialing email: _____
Primary office email: _____

Name of individual completing form: _____
Individual's phone number: _____
Individual's email: _____

UPDATE TYPE (check all that apply)

Change Applies to Entire Practice/Group	Change Applies to Specific Practice or Group Location(s)	Change Applies to Individual Provider(s)
<input type="checkbox"/> Change practice name <input type="checkbox"/> Change of ownership, tax ID or organization NPI # <input type="checkbox"/> Change payment/remit address <input type="checkbox"/> Change credentialing address <input type="checkbox"/> Change communications address	<input type="checkbox"/> Make changes to an existing location address <input type="checkbox"/> Add a new practice location <input type="checkbox"/> Remove a practice location	<input type="checkbox"/> Add or remove a practitioner <input type="checkbox"/> Update an existing practitioner

Other (please specify the reason for submitting this form): _____

Effective date of change: ___/___/_____

CHANGE OF PRACTICE NAME/OWNERSHIP/TAX ID CHANGE

Change Practice Name

New name: _____

Previous name: _____

Change of Ownership/Tax ID*

***Must submit a copy of the IRS SS-4 confirmation letter with this form.**

New tax ID: _____

Previous tax ID: _____

New NPI: _____

Previous NPI: _____

UPDATE EXISTING ADDRESS INFORMATION

Change applies to (check all that apply): Location Payment Credentialing Communication

NEW INFORMATION:

Street (include suite/building #)

City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____

PREVIOUS INFORMATION:

Street (include suite/building #)

City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____

ADD OR TERM PRACTICE LOCATION(S) FROM ENTIRE GROUP

ADD	TERM	CLINIC NAME OR DBA PRACTICE ADDRESS (INCLUDE SUITE/BUILDING #)	CITY	STATE	ZIP	PHONE	FAX
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

List practitioners with NPI to be added to above locations. If more space is needed, attach additional information.

NAME/NPI

NAME/NPI

ADD/REMOVE/UPDATE PRACTITIONER INFORMATION

To credential a new provider, see premera.com/wa/provider/reference/join-our-network/.

Provider name: _____

Provider NPI: _____

List specialty if applicable (not licensure):

Primary care (Y/N): _____

List in directory (Y/N): _____

Virtual health (Y/N): _____

Accepting new patients:

Yes No Established only

Add Practitioner to Practice Location(s)

Remove Practitioner from Practice Location(s)

Assign practitioner to up to 5 locations (new to practice)

Remove practitioner from all practice locations
Reason for leaving: _____

Remove practitioner from the following practice locations:

Practice address (include suite/building #)

Practice address (include suite/building #)
