HealthChoice
Oklahoma State & Education Employees Group Insurance Board
A Division of the Office of State Finance

OKDRS Oklahoma Department of Rehabilitation Services

DOC Department of Corrections Oklahoma

ADDITIONAL OFFICE LOCATION FORM

Name: _____
(Last) (First) (Middle) (License)

SSN: _____ NPI: _____

Primary Specialty: _____ Secondary Specialty: _____

Tax ID Number: _____
(Attach a completed W-9 Form for each TIN)

PHYSICAL ADDRESS –This address will be listed in the online Provider Directory

Office Name: _____

Office Address: _____

_____
(City) (State) (ZIP)

Phone: ( ) _____ Fax: ( ) _____

Contact Person: _____ Email: _____

MAILING ADDRESS – For credentialing and correspondence not related to claims

Office Name: _____

Mailing Address: _____

_____
(City) (State) (ZIP)

Phone: ( ) _____ Fax: ( ) _____

Contact Person: _____ Email: _____

BILLING NAME and ADDRESS – Must match claims exactly

Billing Name (must match claims): _____

Billing Address: _____

_____
(City) (State) (ZIP)

Phone: ( ) _____ Fax: ( ) _____

Contact Person: _____ Email: _____

Authorized Signature: _____ **Date:** _____

Contact Name: _____ **Phone:** _____

Return Fax Numbers: 1-405-717-8977 or 1-405-717-8702
Email Addresses: oseegibproviderrelations@sib.ok.gov or NetworkNews@sib.ok.gov

Updated 6-6-12 JW