

NETWORK FACILITY CHANGE FORM

Facility Name: _____ TIN: _____

Classification: _____ NPI: _____

New Physical Address

(List any additional physical addresses on a separate sheet)

Phone: (____) _____

Fax: (____) _____

Contact Person: _____

Email Address: _____

New Mailing Address

(List any additional mailing addresses on a separate sheet)

Phone: (____) _____

Fax: (____) _____

Contact Person: _____

Email Address: _____

New Billing Address

(List any additional billing addresses on a separate sheet)

Phone: (____) _____

Fax: (____) _____

Contact Person: _____

Email Address: _____

Tax ID Number (TIN)

(Attach W9 if new TIN)

Tax ID Number: _____

NPI Number: _____

Did this TIN/NPI change with new address? Yes No

If yes, previous TIN: _____

If yes, previous NPI: _____

Effective date of this new address: _____

Is this an additional location? Yes No

If no, please list the old address below:

Old Physical Address

Phone: (____) _____

Date this address terminated: _____

Contact Name (Print): _____

Authorized Signature: _____

Old Billing Address

Phone: (____) _____

Date this address terminated: _____

Phone: (____) _____

Date: _____

Failure to provide the requested information could result in a delay of payment and/or non-payment of claims

Return fax numbers: (405) 717-8977 or (405) 717-8702

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