

**NETWORK PROVIDER CHANGE FORM**

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (License) SSN: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_ Secondary Specialty: \_\_\_\_\_

**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 payments and/or non-payment of claims.**

Return fax numbers: 1- 405-717-8977 or 1- 405-717-8702

Email addresses: oseeigibproviderrelations@sib.ok.gov  
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