

## Network Provider Newsletter/Correspondence Email Update Form

Provider Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ NPI: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

Signature Date: \_\_\_\_\_ Authorized Signer Phone: \_\_\_\_\_

Providers with multiple locations under one TIN will receive only one email. For multiple contacts, attach a separate sheet that indicates the practice location, TIN, NPI, email address, contact name, and phone number. **You cannot change your mailing address with this form. You must use a *Network Provider Change Form* to change your mailing address.**

### Primary Location/Designated Email for Newsletter/Correspondence

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

### Location #2/Designated Email Address for Newsletter/Correspondence

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

### Location #3/Designated Email Address for Newsletter/Correspondence

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

### Location #4/Designated Email Address for Newsletter/Correspondence

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Please return completed form to:**

**Oklahoma State and Education Employees Group Insurance Board  
3545 N.W. 58<sup>th</sup> Street, Suite 110  
Oklahoma City, OK 73112**

**Phone: 1-405-717-8790 or toll-free 1-800-543-6044**

**Fax: 1-405-717-8977 or 1-405-717-8702**

**Email: [osegibproviderrelations@sib.ok.gov](mailto:osegibproviderrelations@sib.ok.gov) or [NetworkNews@sib.ok.gov](mailto:NetworkNews@sib.ok.gov)**