

Individual Provider Billing Address Update



Please use this form to update your billing address on file. Please note: Physician signature is required to make this update. If you are a HOSPITAL BASED PROVIDER please contact the Provider Maintenance Department to make changes to your information. **Fields in BOLD are required.**

Contact person	Contact phone no.
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Please check here if this change applies to ALL office locations on file

PROVIDER'S INFORMATION

Last name	First name	MI	Provider title
Address (street and P.O., if applicable)	City	State	ZIP code
Provider's Empire ID no(s).	NPI no.	Tax ID no.	
Social security no.	License no.	Primary specialty	

CURRENT BILLING ADDRESS

Last name	First name	MI	Effective date of change
Address (street and P.O., if applicable)	City	State	ZIP code

Comments

NEW BILLING ADDRESS

Last name	First name	MI	Effective date of change
Address (street and P.O., if applicable)	City	State	ZIP code

Comments

PLEASE STOP AND REVIEW ALL INFORMATION TO ENSURE THAT THIS IS ACCURATE AND COMPLETE.

Physician signature	Date
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PLEASE ALLOW 20 BUSINESS DAYS FOR UPDATES TO BE COMPLETED.

Please fax completed forms to: 518-367-3103

OR

Mail to: Attn Provider Registry
 Empire BlueCross BlueShield
 P.O. Box 3519
 Church Street Station
 New York, NY 10008-3519