

# Change of Address Only

Mail the form or fax to the following address:

**Blue Cross and Blue Shield of Nebraska**

**HNA Department**

**PO Box 3248**

**Omaha, NE 68180-0001**

**FAX: 402-343-3455**

If you have questions, please contact Health Network Administration at 343-3359 or 800-821-4787

**1) I currently have Tax ID No.** \_\_\_\_\_

Provider Name/Title: \_\_\_\_\_

Provider License No: \_\_\_\_\_

Individual NPI Number: \_\_\_\_\_

**2) Old Primary Physical Address:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_

**3) New Primary Physical Address:**

Effective Date of New Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Appointment Scheduling Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_

**4) Old Billing Office Address:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_

**5) New Billing Office Address:**

Effective Date of New Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_