

Practitioner Extend / Transfer All Existing Agreements

Please Choose One:

- Extend = Create additional tax address.
- Transfer = Terminate current tax and address – creating a new tax and address.

Mail the signed 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 call 343-3359 or 800-821-4787 or send an e-mail to HealthNetworkRequests@bcbsne.com

Practitioner's Signature _____ **Date** _____

If this agreement is not signed, it will be returned without further action.

1) I currently have Tax ID No. _____

Practitioner Name/Title: _____

Practitioner License No: _____

NPI Number: _____

2) New Practitioner Address:

Facility Name: _____

Address: _____

City, State, Zip: _____

Tax I.D. Number: _____

Phone Number: _____

Appointment Scheduling Phone Number: _____

Effective Date: _____

Medicare Number: _____

Fax Number: _____

3) Please send payments for this billing number to the following address specified below:

Payment Name: _____

Tax I.D. Number: _____

NPI Number: _____

Address: _____

City, State, Zip: _____

Billing Phone Number: _____

Name of Office Manager or principal contact: _____

Thank you for your prompt assistance with this matter.