



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association



Billing Address Change Attestation

I would like to update my billing address to the address listed below.

Updated (Facility) Address:

Authorized by (Member or Designated Representative with Power of Attorney): *Print name*

Contract Holder or Designated Representative Signature:

| | |
|-------------------------|--------------|
| Contract Number: | Date: |
| | |

Please return the completed authorization form to the address below or have the contract holder call our Customer Service Department at 1-888-417-4755 from 8 a.m. to 6 p.m. Central Time, Monday through Friday, as soon as possible to ensure timely updating of the contract.

**Blue Cross and Blue Shield of Alabama
Attention: C Plus Enrollment
P.O. Box 11551
Birmingham, AL 35282-9722**