



# NPI CHANGE NOTIFICATION FORM

Accurate and complete information is important for providers and Blue Cross and Blue Shield of Alabama. The National Provider Identifier (NPI) does not belong to Blue Cross and Blue Shield, it is important that Blue Cross have accurate information about the Individual and Organizational NPIs. Providers should notify Blue Cross when there is an update of information. Many providers submit an Organizational/Payee NPI when billing that has not been reported to Blue Cross. NPI's are utilized for remittance payments, Internal Revenue reporting, directories and publication mailings, etc.

### Effective Date of Change

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Month                | Date                 | Year                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

To update information in our provider records, complete this form, sign and mail or fax it to the address below. **Use the attached form to provide the name(s) and individual NPIs associated with the Organizational/payee NPI change or attach a listing.**

**Please note that changes to the Payee/Remittance Address and Tax Address require an authorized, original signature of the CEO, CFO, President, Provider Tax Manager or Provider if sole owner.**

| Please indicate any updates below. |        |                               |            |
|------------------------------------|--------|-------------------------------|------------|
| Current Organizational/Payee NPI   |        | *New Organizational/Payee NPI |            |
| Practice Name                      |        | Tax ID                        |            |
| Payee Address                      |        |                               |            |
| City                               |        | State                         | Zip        |
| Office/Location Address            |        |                               |            |
| City                               |        | State                         | Zip        |
| Contact Name                       | E-mail | Office Telephone              | Fax Number |

| Must Indicate <i>(Check one)</i>   |
|--|
| <input type="checkbox"/> This change applies to all providers at all locations (see attached list of provider names, location and individual NPI). |
| <input type="checkbox"/> This change applies only to the location listed above (see attached list of provider names and individual NPI).           |
| <b>Please use one form for each organizational/payee NPI change.</b>   |

| <b>* Requires authorized, original signature of the CEO, CFO, President, Tax Manager or Provider if sole owner.</b> |                             |                              |
|---|-----------------------------|------------------------------|
| I certify this information is complete and correct to the best of my knowledge.                                     | _____                       | _____                        |
|   | Signature <i>(Required)</i> | Title <i>(Required)</i> Date |

| Submission Instructions   |   |
|---|---|
| <b>Fax</b> Fax the signed and completed form to: Attn: Credentialing 1-205-220-9545 | <b>Mail</b> Blue Cross and Blue Shield of Alabama, Attn: Credentialing<br>Post Office Box 362142, Birmingham, AL 35236-2142 |

**List all individual providers associated with the organizational/payee change below.**

NPI Change Notification Form must contain a listing of all the individual providers associated with the organizational/payee NPI change. Use the spaces below or attach a full listing with the same information.

|                                  |  |                               |     |
|----------------------------------|--|-------------------------------|-----|
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |
| <b>Provider Name</b>             |  | Individual NPI                |     |
| Practice Address                 |  |                               |     |
| City                             |  | State                         | Zip |
| Current Organizational/Payee NPI |  | *New Organizational/Payee NPI |     |