

# Provider Administrative Address Update Form



Organization or provider name: \_\_\_\_\_

NPI: \_\_\_\_\_

Tax ID (TIN/EIN): \_\_\_\_\_

Date form completed: \_\_\_\_\_

## New Address Information

To which administrative address does this change apply? (check all that apply)

Billing / financial (checks will be sent to this address)

Mailing / correspondence

Credentialing

Other: \_\_\_\_\_

What date is this new address effective? \_\_\_\_\_

Who is the contact for this address? \_\_\_\_\_

What is the contact email for this address? \_\_\_\_\_

New administrative address: \_\_\_\_\_

New administrative city, state, ZIP: \_\_\_\_\_

New phone: \_\_\_\_\_ New fax: \_\_\_\_\_

If you have questions about this form or your existing contract with CareOregon, please contact Provider Customer Service at 800-224-4840.

Please return completed form to [BHPProviderDataUpdates@careoregon.org](mailto:BHPProviderDataUpdates@careoregon.org) at least 30 calendar days before your administrative address change.

*Last Updated: September 2023*

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