

## Demographic Change Form

Complete this form when updating the billing, practice, and contractual notice demographic information for a group or solo provider. Email the completed form(s) to [Provider.AddressUpdts@bcbsnc.com](mailto:Provider.AddressUpdts@bcbsnc.com) or fax to 919.287.8884

Is the completion of this form a response to a Provider Outreach regarding your directory information? Yes  No

**Effective Date of Change:** \_\_\_\_\_

This date should not be greater than 60 days from the submission of this form

**Legal Name:** \_\_\_\_\_

**Tax Identification Number (TIN)** \_\_\_\_\_

**National Provider Identifier (NPI): Individual NPI** \_\_\_\_\_  
**Group NPI** \_\_\_\_\_

Medicare Provider # \_\_\_\_\_ CLIA # (if applicable) \_\_\_\_\_  
*(Required for Blue Medicare) (Please attach most recent copy)*

**Blue Medicare Mailing/Correspondence Address:** Address where you will receive general mail specific to Blue Medicare

\_\_\_\_\_  
Street Address City State Zip County

**Billing Address:** Address where you will receive checks, billing information and general correspondence

\_\_\_\_\_  
Street Address/PO Box City State Zip County

**Practice Address:** Street address of facility/office where services are rendered. *(Roster required for new locations)*

\_\_\_\_\_  
Street Address City State Zip County

\_\_\_\_\_  
Appointment/Patient Phone Number Fax Number

\*\*If the above address is replacing an address that is currently on file, please advise what address it is replacing below:

\_\_\_\_\_  
Street Address City State Zip County

\_\_\_\_\_  
Appointment/Patient Phone Number Fax Number

**Contractual Notice Address:** No Change  Same as Billing Address  Same as Practice Address

Address where contractual notices and other communications regarding the provider agreement with BCBSNC must be received.

\_\_\_\_\_  
Street Address City State Zip County

**Contractual Notice Recipient:** \_\_\_\_\_  
Name of authorized person who may receive contractual notices and other communications regarding the provider agreement with BCBSNC

**Practice E-Mail Address:** \_\_\_\_\_  
Allows us to quickly disseminate important information to provider practices

**Post Service – Medical Record Requests:** \_\_\_\_\_  
Fax number or mailing address

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**Signature of Physician, Practice Manager, or Authorized Representative** **Date**  
 **BlueCross BlueShield of North Carolina**  
An independent licensee of the Blue Cross and Blue Shield Association

**General Updates:**  
Practice Manager/Physician may download this form and e-mail to BCBSNC at [Provider.AddressUpdts@bcbsnc.com](mailto:Provider.AddressUpdts@bcbsnc.com) or fax to BCBSNC 919-287-8884.

**Contractual Notice Updates:**  
Only persons authorized to update or amend your provider agreement with us may update the Notice Contact address, as this is a contractual requirement. Please email contractual notice updates to [ProviderUpdates@bcbsnc.com](mailto:ProviderUpdates@bcbsnc.com) or fax to Network Management Operations at 919-765-4349.  
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**Provider Demographic Form**  
It is a participating provider's/group's contractual obligation to notify Blue Cross and Blue Shield of North Carolina (BCBSNC) of any change in demographic information. This is critical to ensure BCBSNC and Blue Medicare HMO and Blue Medicare PPO members can access care through your practice by displaying the correct demographic information in the Provider Directory.

**Blue Medicare Mailing/Correspondence Address**  
It is imperative that your practice specify where you would like to receive mailings specific to Blue Medicare. Blue Medicare correspondence can include information regarding membership and claim adjustments/requirements; information that may have a great impact on your relationship with our members.

**Notice Contact – What is it? For non-Medicare provider agreements,** the Notice Contact is the name or title and address that you and BCBSNC are required to use to send certain notices regarding your provider agreement. This address is the "Notice Contact" listed in your agreement with us. Your Commercial agreement with us must contain a "Notice Contact" provision listing the name or title and address of the person to whom contractual notices and other communications regarding our agreement shall be sent.

Some notices must be sent in writing. Other notices may be sent electronically. See your provider agreement and the provider manual for more details. The "Notice Contact" may be different from your billing address and physical address. It is a participating provider's/group's contractual obligation to notify BCBSNC of any change to the Notice Contact.

You may update the Notice Contact identified in your agreement with us by filling out this form and sending it to us. We accept e-mails, faxes, or hard copies. Only persons authorized to update or amend your provider agreement with us may complete this form, as this is a contractual requirement.