



Non-Contracted Provider Address Change Form

Fill out this form to provide BSWHP with updated information for your billing address, practice location address, mailing address or IRS address.

In order to process your request, please attach a current completed W-9 with this form and fax to 254.298.6019.

Provider Name* _____

Phone Number* _____ Fax Number _____

NPI Number* _____ TIN or SSN* _____

Please select an address to change:

Billing/Payto Address Change

Mailing Address Change

Practice Location Address Change

IRS Address Change
(Must match Address on W-9)

New Address

Street* _____

City* _____ State* _____ Zip Code* _____

Phone Number* _____ Fax Number _____

Effective Date of Change* _____

Name of Submitter* _____

Title* _____

Phone Number* _____

Email _____

Comments _____

***Required field or action**