



**Institutional Provider Change Request Form**

To notify Anthem Blue Cross of any tax identification number, practice/ mailing address, phone and fax number changes please fill in the requested information below and email to: [ProviderDatabaseAnthem@Anthem.com](mailto:ProviderDatabaseAnthem@Anthem.com)

Changes can also be **mailed** to: Anthem Blue Cross, **P.O. Box 70000, Van Nuys, CA 91470** or **faxed** to: **818-234-2836 or 866-243 - 3183**. Please note that changes may take up to 15 business days to process. Tax ID changes must be accompanied by a W-9 to be valid.

**Facility/Institution Name:** \_\_\_\_\_

**Medicare/Anthem Provider ID:** \_\_\_\_\_ **NPI:** \_\_\_\_\_ **Tax ID:** \_\_\_\_\_

**Previous Tax ID:** \_\_\_\_\_ **New Tax ID** \_\_\_\_\_ **Effective date of New Tax Id:** \_\_\_\_\_  
(if applicable) (if applicable)

**Payment/Check/EOB/ Address:**

**Previous:** \_\_\_\_\_ **New:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Mailing/Correspondence Address:**

**Previous:** \_\_\_\_\_ **New:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Physical Address:**

**Previous:** \_\_\_\_\_ **New:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

