

PROVIDER ADDRESS CHANGE FORM

Please complete this form if your legal name, service location, remittance/payment address, or your taxpayer identification number (TIN) has changed and does not match your current contract information.

Submit the completed form electronically by using the SUBMIT button. If you are having trouble with the submit button, save this document to your computer, complete it and:

Return by email to: ProviderRelations@coaccess.com	or	Return by mail to: Provider Network Services PO Box 17580 Denver, CO 80217-0580	or	Return by Fax: (303) 755-2368 Attn: Provider Network Services
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STEP 1: Please provide your current Taxpayer Identification Number (TIN). You must complete this field.

Existing TIN of Contract Entity	
New TIN of Contracting Entity, if applicable	Effective Date

STEP 2: Please provide the Legal Name of the contracted entity

Existing Legal Name of Contracting Entity	
New Legal Name of Contracting Entity, if applicable	Effective Date

STEP 3: Please update address records as follows (If changing your remit address, a W-9 is also required):

A.	
Add service address of:	Effective date:
Phone number:	Fax number:
Change the existing service address of:	
New service address:	Effective date:
B.	
Add remittance/payment address of:	Effective date:
Phone number:	Fax number:
Change the existing remittance/payment address of:	
New remittance/payment address:	Effective date:

STEP 4: Have the authorized signatory sign and date this form to affirm the updates noted are accurate and complete.

Form Completed by	Effective Date
Title	

