



BlueCross BlueShield of South Carolina

An Independent Licensee of the Blue Cross and Blue Shield Association,
an association of independent Blue Cross and Blue Shield plans.

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Change of Address Form

Use this form to update your **Physical** and/or **Pay To** addresses for Preferred Blue[®], State Health Plan & FEP networks. If you are changing a Pay To address, for your protection this form must be signed by the provider or by the CEO, CFO, Director of Finance or Director of Billing.

NAME: _____

TAX ID # / NPI #: _____

EFFECTIVE DATE: _____

PHONE NUMBER: _____

OLD PHYSICAL ADDRESS:

NEW PHYSICAL ADDRESS:

OLD PAY TO ADDRESS:

NEW PAY TO ADDRESS:

SIGNATURE: _____

TITLE: _____ DATE SIGNED: _____

E-mail Address: _____

(Required if you would like notice that the requested changes have been made.)

Please fax the completed form to Provider Certification at 803-264-4795.

If you have questions about this form, you may send those questions to Provider.Cert@cbssc.com.