



Bridgeview  
COMPANY

## Provider Billing Information Change Form

This form is for Elderly Waiver care providers to complete when there is a change in ownership, NPI, UMPI or EIN numbers.

### Instructions

This document is an Adobe fill in PDF that can be completed using Adobe Reader. You can complete this form and save it to your computer, then send via email attachment to EWproviders@bluecrossmn.com. You can also simply type in the document and print it, then fax to us at 218.740.4616

### Previous Provider Billing Information

Business Name on the Account \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Federal Tax ID or Social Security # \_\_\_\_\_

NPI and/or UMPI Registered For Claims Submission \_\_\_\_\_

### New Provider Billing Information

Business Name on the Account \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Federal Tax ID or Social Security # \_\_\_\_\_

NPI, UMPI Registered for Claims Submission \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

**For Questions contact the Bridgeview Company at 1.800.584.9488**