



Provider Information Change Form

Every month BCBSKS has reimbursement checks and essential communications returned due to outdated addresses and phone numbers. Help us help you by keeping your records current with BCBSKS. If you relocate or change any of the following information, you may use this form, sending it to the address below, or fax it to us directly. **You may also call the Professional Relations Hotline in Topeka at 785-291-4135 (1-800-432-3587 outside of Topeka) or speak with your Professional Relations Representative to update your records.**

Provider Name _____ Provider Billing Number _____

Please make the following changes to my provider records:

Practice Name _____

Practice Address _____

Mailing Address _____

Telephone Number _____

Fax Number _____

Tax ID Number _____

Specialty _____

Completed By _____

Authorizing Signature _____

Date _____

Please mail this form to:

Blue Cross and Blue Shield of Kansas
Attn: Cost Center 443
1133 SW Topeka Boulevard
Topeka, KS. 66629-0001

or fax to:

785-290-0734
Attn: CC 443