



**BlueCross  
BlueShield  
of Kansas**

An Independent Licensee of the  
Blue Cross and Blue Shield Association.

1133 SW Topeka Blvd.  
Topeka, Kansas 66629-0001

Web site: www-bcbsks.com

In Topeka – (785) 291-7000  
In Kansas – (800) 432-0216

DATE: \_\_\_\_\_

## BLUE CROSS PROVIDER FILE UPDATE FORM

1. Blue Cross Number: \_\_\_\_\_

2. Provider Name: \_\_\_\_\_

3. Physical Street Address: \_\_\_\_\_

Physical Location (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ - \_\_\_\_\_

4. Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

If you would like correspondence or check and remittance advice mailed to a different address, indicate below:

5. Correspondence: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ - \_\_\_\_\_

6. Checks/Remittance Advice: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ - \_\_\_\_\_

7. Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

8. CEO/Administrator Name: \_\_\_\_\_

Title: \_\_\_\_\_

Internet Address : \_\_\_\_\_

9. CFO/Business Office Manager Name: \_\_\_\_\_

Title: \_\_\_\_\_

Internet Address: \_\_\_\_\_

10. Federal Tax #: \_\_\_\_\_

11. Effective date of change: \_\_\_\_\_

12. Name & title of person completing this form: \_\_\_\_\_

\_\_\_\_\_