

Non-Contracted Provider Address Change

This form is for **NON-CONTRACTED** provider address changes ONLY.
If you are a **contracted** provider with South Country Health Alliance, please
call the Provider Contact Center at **1-888-633-4055** (toll free).

Provider name _____

Provider tax ID _____ NPI/UMPI _____

Effective date of change _____ Phone number _____

Physical address _____ (Address line 1)

_____ (City) _____ (State) _____ (Zip)

Mailing address _____ (Address line 1)

_____ (City) _____ (State) _____ (Zip)

Billing address The address below is where payment will be sent.

_____ (City) _____ (State) _____ (Zip)

Tax document (1099) should be sent to (please check one):

- Physical address
- Mailing address
- Billing address

Name of person completing form _____

Phone number _____ Email _____