



SecureCare
Tax Identification Change Form
Fax to: (402) 934-4908
Mail to: SecureCare
13215 Birch Drive STE. 200
Omaha, NE 68164

Please include on the form all clinic NPI numbers that the change applies to. **Please remember to register your new Tax ID with your clearinghouse or vendor if you are set up to receive 835 Electronic Remittances.** Failure to register your new Tax ID may result in a lapse in getting your 835 Electronic Remits. If you have any questions, please contact us at (402) 934-4744 or 1-877-462-4476.

Old Legal Name: <input type="text"/>	New Legal Name: <input type="text"/>
Old DBA Name: <input type="text"/>	New DBA Name: <input type="text"/>
<input type="checkbox"/> FEIN	<input type="checkbox"/> FEIN
<input type="checkbox"/> SSN	<input type="checkbox"/> SSN
Old Tax ID: <input type="text"/>	New Tax ID: <input type="text"/>
Was your old Tax ID # tax exempt? <input type="text"/>	Is your new Tax ID # tax exempt? <input type="text"/>
Old NPI/UMPI#: <input type="text"/>	New NPI/UMPI#: <input type="text"/>

Effective Date of Tax Identification Number Change:

Reason for Tax Identification Number Change (check only 1 box) Accounts Receivable included in buyout?

New Ownership (if a facility, you must complete a Facility Initial Credentialing Application, which can be found on our website)
 New Business Structure (i.e., Incorporation)
 Nature of Change:

Physical Address	Mailing Address <small>(only complete if you aren't able to accept mail at your physical location)</small>	Billing Address
Address: <input type="text"/>	Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/> St: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> St: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> St: <input type="text"/> Zip: <input type="text"/>
Phone #: <input type="text"/>		Phone #: <input type="text"/>

Is mail deliverable at this location?

Accepting New Patients*: (Please notify BCBSMN if this changes)

Directory Suppressed:

Urgent Care:

*If there are any practitioners at this location that aren't accepting new patients, please attach additional documentation.
 (if yes, please complete Urgent Care hours of operation below)

Business Hours:

Open (Mon) Close	Open (Tue) Close	Open (Wed) Close	Open (Thur) Close
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>
(Fri)	(Sat)	(Sun)	
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	

Hospital Affiliation:

Address: City: St: Zip:

Person Completing Form:

Address to Send Contracting Material:

Digital Signature: E-Mail Address: Phone #:

The Sender of this Form represents and warrants that he/she is authorized to submit these changes on behalf of the Provider.

Site Location Addendum

Old Tax ID: Old Legal Name: Effective Date:

Location 2

Physical Address

Address:
City: St: Zip:
Phone #:

Is mail deliverable at this location?

Accepting New Patients*: (Please notify BCBSMN if this changes)

*If there are any practitioners at this location that aren't accepting new patients, please attach additional documentation.

Business Hours:

Open (Mon) Close	Open (Tue) Close	Open (Wed) Close	Open (Thur) Close
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>
(Fri)	(Sat)	(Sun)	
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	

Hospital Affiliation:

Address: City: St: Zip:

Location 3

Physical Address

Address:
City: St: Zip:
Phone #:

Is mail deliverable at this location?

Accepting New Patients*: (Please notify BCBSMN if this changes)

*If there are any practitioners at this location that aren't accepting new patients, please attach additional documentation.

Business Hours:

Open (Mon) Close	Open (Tue) Close	Open (Wed) Close	Open (Thur) Close
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>
(Fri)	(Sat)	(Sun)	
Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	Regular <input type="text"/> <input type="text"/>	
Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	Urgent Care <input type="text"/> <input type="text"/>	

Hospital Affiliation:

Address: City: St: Zip:

The Sender of this Form represents and warrants that he/she is authorized to submit these changes on behalf of the Provider.

Mailing Address

(only complete if you aren't able to accept mail at your physical location)

Address:
City: St: Zip:

Billing Address

Address:
City: St: Zip:
Phone #:

Directory Suppressed:

Urgent Care:
(if yes, please complete Urgent Care hours of operation below)