

Change of Address Instructions

- You can only use the Change of Address Form to update your change in address (If your name has changed, you must complete Change of Name Form to update your name.)
- Be sure to include your Provider Identification Number.

Provider Address Change Form

Provider Name _____
(please print)

Provider ID Number/Taxonomy Code _____

Physical Address _____
(Where services are provided)

(Post office box allowed ONLY as an addition to a street address)

City _____ **State** _____ **ZIP+4** _____

County _____ **Phone Number** (Include area code) _____

Mailing/Billing Address _____

City _____ **State** _____ **ZIP+4** _____

Phone Number (Include area code) _____

E-mail Address _____

Note: Before a change can be made in your provider file, we must have your original signature. A photo copied or stamped signature is unacceptable and the only signature valid for an individual practitioner is their own.

Provider's Signature _____  **Date** _____

Mail this completed form to:

**Medicaid Provider Enrollment Unit
HP Enterprise Services
P.O. Box 8105
Little Rock, AR 72203-8105**