



Infinedi

ELECTRONIC DATA INTERCHANGE

Change of Information Request Form

Provider/Practice Name: _____ Acct #: _____

New Physical Address:

Address: _____

Address: _____

City: _____ State: _____ 9-digit Zip Code: _____

Check here if **ALL** addresses are the same:

New Invoice Address:

Address: _____

Address: _____

City: _____ State: _____ 9-digit Zip Code: _____

New Claims Payment Address:

Address: _____

Address: _____

City: _____ State: _____ 9-digit Zip Code: _____

New Tax ID Number*: _____ Is Tax ID Number Group or Individual? _____

*If you have additional individual or group numbers that have changed or are in the process of changing (NPI, Medicare, PTAN, etc) contact the Infinedi client implementation department at 800-688-8087.

New Phone Number: _____ New Fax Number: _____

New Email Address: _____

Contact Person: _____ Title: _____ Extension: _____

Effective Date of Change: _____

Name of Person Authorizing Change: _____

Fax completed form to 918-249-4460

OFFICE USE ONLY

Ticket #: _____ Initials: _____ Date Changed Made: _____