PrimeWest HEALTH™

Your *greater* Minnesota health plan

3905 Dakota St
Alexandria, MN 56308

primewest.org

Non-Contracted Provider Address Change

This form is for **NON-CONTRACTED** provider address changes ONLY. If you are a **contracted** provider with PrimeWest Health, please call the Provider Contact Center at **1-866-431-0802** (toll free).

Provider name _____

Provider tax ID _____ NPI/UMPI _____

Effective date of change _____ Phone number _____

Physical address _____ (Address line 1)

_____ (Address line 2)

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

Mailing address _____ (Address line 1)

_____ (Address line 2)

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

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

_____ (Address line 1)

_____ (Address line 2)

_____ (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 _____

Submit