PRINT FORM

Facility Change of Address Form

Please list **ALL New/Current Addresses** in addition to any addresses we should delete from our files. Provider #_____

Facility Name:	**State:**
Email Address:	**Primary Contact:**

Section 1: All addresses listed below must correspond to the TIN listed in this section. If you have more than one TIN, please photocopy this form at this point and complete a separate form for each TIN.

The TIN indicated below is a: ☐ TIN currently in use ☐ new TIN *(Please complete attached Form W-9)*

Tax ID#: | | | | | | | | | | TIN Owner Name: _____

Note: If you have more than 2 Service Addresses for the above TIN, please photocopy the form at this point.

2 DELETE this **Service** Address: (*Referrals*) Effective Date (*Required*) / /

Address Line 1

Address Line 2

City State Zip

Phone Fax

3 ADD/KEEP this **Service** Address: Effective Date (*Required*) / /

Address Line 1 (*No PO Boxes*)

Address Line 2

City State Zip

Phone Fax

Programs Offered at this location:

Handicapped accessible? Y ☐ N ☐ Public Transportation accessible? Y ☐ N ☐

4 DELETE this **Service** Address: (*Referrals*) Effective Date (*Required*) / /

Address Line 1

Address Line 2

City State Zip

Phone Fax

5 ADD/KEEP this **Service** Address: Effective Date (*Required*) / /

Address Line 1 (*No PO Boxes*)

Address Line 2

City State Zip

Phone Fax

Programs Offered at this location:

Handicapped accessible? Y ☐ N ☐ Public Transportation accessible? Y ☐ N ☐

6 DELETE this **Mailing** Address: (*Certification Letters*) Effective Date (*Required*) / /

Address Line 1

Address Line 2

City State Zip

Phone Fax

7 ADD/KEEP this **Mailing** Address: Effective Date (*Required*) / /

Address Line 1 (No PO Boxes)

Address Line 2

City State Zip

Phone Fax

8 DELETE this **PayTo** Address: (*Payment*) Effective Date (*Required*) / /

Address Line 1/PO Boxes

Address Line 2

City State Zip

Phone Fax

9 ADD/KEEP this **PayTo** Address: Effective Date (*Required*) / /

Address Line 1/PO Boxes

Address Line 2

City State Zip

Phone Fax

10 Provider Signature (*Required*): _____ Date:_____

Fax completed form to: 866-497-9265 or Mail to: ValueOptions PO BOX 41055 Norfolk, VA 23541

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