



## Change of Billing Information

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\*Partially completed forms may not be able to be processed

Practice Name		Current Tax ID	
Group NPI		Date	
Submitted by		Phone	
Title		Email	

### Physical Service Address

Street					
City		State		Zip	
Phone		Fax			

\*If you have multiple service addresses associated with this billing address, please print additional forms and complete this section for each address. Mail all forms together.

### Previous Billing Address

Street					
City		State		Zip	
Phone		Fax			

### New Billing Address

New Tax ID (if applicable)					
Street					
City		State		Zip	
Phone		Fax			

\_\_\_\_\_  
Signature of Submitter

\_\_\_\_\_  
Date

Please print and submit this form by fax to (406) 523-3139 or by mail to Allegiance Direct, PO Box 3018, Missoula, MT 59806-3018. If changing tax ID number please include a W-9 as well.

You may receive a phone call requesting confirmation of any of this information.