



CBHA Provider Location Information Sheet

Provider name _____

Practice name _____

Practice Physical Address

Practice NPI # _____

Mailing address

Payment address

Tax ID # _____

Payment NPI# _____

Practice Phone _____

Practice Fax# _____

Email address _____

Please fax form to 888-908-7140 to Provider Relations. Thank you.

Lisa Smith

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(800) 475-7900, fax (336) 499-4006

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