



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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336.499.4000, 800.475.7900, fax 888-908-7140

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