



CBHA Provider Location Information Sheet

Provider name _____

Practice name _____

Practice Physical Address

Practice NPI # _____

Tax ID# _____

Mailing address

Payment address

Payment NPI# _____

Provider NPI# _____

Practice Phone _____

Practice Fax# _____

Email address _____

Please fax form to 336 499-4006 to Provider Relations. Thank you.

Lisa Smith

P.O. Box 571137, Winston-Salem, NC 27157-1137
(800) 475-7900, fax (336) 499-4006

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