



CBHA Provider Location Information Sheet

Provider name _____

Practice name _____

Primary - Practice Physical Address

Secondary – Practice Address

Mailing address

Effective date (of new or change of address)

End date (of an old address if leaving)

Payment address

ADDITIONAL NOTES

Tax ID# _____

Provider NPI# _____

Practice Phone# _____

Practice Fax# _____

Email Address _____

Please email form to credentialing@cbhallc.com

P.O. Box 571137, Winston-Salem, NC 27157-1137
336.499.4000, 800.475.7900, fax 888-908-7140

An LLC owned by East Carolina University, The University of North Carolina-Chapel Hill, and Wake Forest University