



## 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 888-908-7140 to Provider Relations. Thank you.

Lisa Smith

Carolina Behavioral Health Alliance

BENEFITS ADMINISTRATION



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336.499.4000, 800.475.7900, fax 888-908-7140*

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