



MEDCO-12 BWC-3912 (Rev. April 22, 2025)



Practice Address Update Requests – Use when record needs to reflect location change as indicated below.

Check a box **(required)**:

- **New:** removes current addresses on record
- **Additional:** does not change current record addresses but adds another (only for individuals and group practices)
- **Remove:** terminates address from record (BWC PROVIDERS ARE NOT LINKED TO GROUP/TAX ID'S)

Individual/Group Name					
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____			
	EIN _____	Street _____			
	BWC ID _____	City _____	State _____	Zip _____	
		Email _____	Phone _____	Fax _____	
Individual/Group Name					
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____			
	EIN _____	Street _____			
	BWC ID _____	City _____	State _____	Zip _____	
		Email _____	Phone _____	Fax _____	
Individual/Group Name					
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____			
	EIN _____	Street _____			
	BWC ID _____	City _____	State _____	Zip _____	
		Email _____	Phone _____	Fax _____	
Individual/Group Name					
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____			
	EIN _____	Street _____			
	BWC ID _____	City _____	State _____	Zip _____	
		Email _____	Phone _____	Fax _____	
Individual/Group Name					
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____			
	EIN _____	Street _____			
	BWC ID _____	City _____	State _____	Zip _____	
		Email _____	Phone _____	Fax _____	
Individual/Group Name					
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____			
	EIN _____	Street _____			
	BWC ID _____	City _____	State _____	Zip _____	
		Email _____	Phone _____	Fax _____	
Individual/Group Name					
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____			
	EIN _____	Street _____			
	BWC ID _____	City _____	State _____	Zip _____	
		Email _____	Phone _____	Fax _____	



Individual/Group Name				
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____		
	EIN _____	Street _____		
	BWC ID _____	City _____	State _____	Zip _____
		Email _____	Phone _____	Fax _____
Individual/Group Name				
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____		
	EIN _____	Street _____		
	BWC ID _____	City _____	State _____	Zip _____
		Email _____	Phone _____	Fax _____
Individual/Group Name				
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____		
	EIN _____	Street _____		
	BWC ID _____	City _____	State _____	Zip _____
		Email _____	Phone _____	Fax _____
Individual/Group Name				
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____		
	EIN _____	Street _____		
	BWC ID _____	City _____	State _____	Zip _____
		Email _____	Phone _____	Fax _____
Individual/Group Name				
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Remove	NPI _____	Name _____		
	EIN _____	Street _____		
	BWC ID _____	City _____	State _____	Zip _____
		Email _____	Phone _____	Fax _____
Reimbursement / Correspondence Address Update Requests – one per record available				
NPI/EIN/BWC ID _____		Individual/Group name _____		
Reimbursement address (<i>This change requires provider's signature</i>)				
Street _____				
City _____		State _____	Zip _____	
Email _____		Phone _____	Fax _____	
Correspondence address				
Street _____				
City _____		State _____	Zip _____	
Email _____		Phone _____	Fax _____	
Other change requested				
Please print or type name		Title _____	Date _____	
Submitter contact name		Submitter contact phone _____	Submitter contact email _____	
Provider or authorized business personnel signature (Must be a certifiable digital or pen signed signature.) _____				