



Email Address Update Form

At BCBSRI, we primarily communicate with physicians/providers online and through email. To ensure that you receive important updates, please provide your current email address in the form below. It will be kept confidential and only used for information related to being a BCBSRI network physician/provider.

Date: _____

Provider name: _____

Office contact: _____

Phone number: _____

Office contact email address: _____

Please list any old email addresses that may need to be deleted from our system (if any):

Practice Information

Provider NPI: _____

Group NPI: _____

Group name: _____

Email address: _____

Address: _____

City: _____ State _____ ZIP _____

Please return this completed form by **fax to (401) 459-1774**. Or you can mail it to:

Blue Cross & Blue Shield of Rhode Island
Attn: Provider Information, Management & Operations
500 Exchange Street
Providence, RI 02903