



Billing Address Update Form

Contact Person: _____

Contact Phone Number: _____

Group Name: _____

Group TIN: _____

Group NPI: _____

Group Medicaid: _____

Previous Address: _____

City, State Zip: _____

New Address: _____

City, State Zip: _____

Billing Office Phone Number: _____

Update 1099 Address

Please note: If you need to update the location to which your annual 1099 is sent, please mail or fax this submission along with an updated W-9 form.

Fax the completed form to: (866) 796-0540; Attn: Provider Data Management

Or, mail the completed form to: Sunshine State Health Plan®
Provider Data Management
1301 International Parkway
Suite 400
Sunrise, FL 33323