



## Network Provider Newsletter/Correspondence Email Update Form

Provider Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Individual NPI: \_\_\_\_\_

Authorized Signature and Name (print or type): \_\_\_\_\_

Signature Date: \_\_\_\_\_ Authorized Signer Phone: \_\_\_\_\_

Providers with multiple locations under one TIN will receive only one email. For multiple contacts, attach a separate sheet that indicates the practice location, TIN, NPI, email address, contact name and phone number. **You cannot change your mailing address with this form. You must use a Network Provider Change Form to change your mailing address.**

**Primary Location/Designated Email for Correspondence**

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Location #2/Designated Email Address for Correspondence**

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Location #3/Designated Email Address for Correspondence**

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Location #4/Designated Email Address for Correspondence**

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Please return completed form to:**

**Oklahoma State and Education Employees Group Insurance Board  
3545 N.W. 58<sup>th</sup> Street, Suite 110  
Oklahoma City, OK 73112  
Phone: 1-405-717-8790 or toll-free 1-800-543-6044  
Fax: 1-405-717-8702  
Email: NetworkNews@sib.ok.gov**