



Pathways Provider Administrative Address Change Form

If you are a contracted Health Share Pathways provider and are changing one or more of your administrative addresses, please complete this form and submit it to Health Share at least 30 calendar days in advance of your administrative address change.

Please type or print clearly

Provider Name:

Date Form Completed:

To which Administrative Address does this change apply (check all that apply)?

- Billing / Financial (checks will be sent to this address)
- Mailing / Correspondence
- Credentialing
- Other: _____

What day is this new address effective?

Who is the contact for this address?

What is the contact email for this address?

New Administrative Address:

New Administrative City, State, Zip:

New Phone:

New Fax:

****If the address on your W9 has also changed, please include an updated W9 along with this notice. ****

If you have questions about this form or your existing contract with Health Share, please contact our Contracting and Provider Network Development Department at 971-334-8056 or providers@healthshareoregon.org.

Please send completed form to providers@healthshareoregon.org at least 30 calendar days in advance of your administrative address change.