

Notification of Change of Address: Formal notification of change of address is required by your Agreement with CenterPoint. Please complete all items below.

Notification Of Provider Change Of Address

Name of Provider: _____

Old Address: _____

Check Here the Address Change is for ___ Service Site ___ Corporate Site ___ Both

New Address: _____

Effective Date of Change: _____

Verify the Billing/Contracts Address to be used (The address to be maintained for “official” mailings) :

Phone: _____

Fax/E-Mail: _____ / _____

Other Information _____

**** Please be sure to include detailed information regarding the address change if you are NOT changing both site and corporate locations. Failure to do so may result in a delay in transmittal of contracts or payments.**

PLEASE RETURN FORM TO:

**Provider Services – Eleahia Wilkins
ewilkins@cphs.org; fax 336.714.9111
CenterPoint Human Services
4045 University Parkway
Winston-Salem, NC 27106**