


Part A Provider Contact/Address for Medical Review

<i>Provider Name</i>
<i>Provider Number/National Provider Identifier (NPI)</i>
<i>Sub-Provider Number(s)/NPI(s) – Please list all sub-provider numbers of the primary provider identified above.</i>

Please complete the following information to ensure TrailBlazerSM uses the correct address for various Medical Review mailings. If it is necessary to change the authorized official currently listed on your CMS-855A form, contact Provider Enrollment at (866) 528-1603.

Medical Review Contact Address		
<i>Contact Name</i>	<i>Job Title</i>	
<i>Mailing Address Line 1 (Street Name and Number)</i>		
<i>Mailing Address Line 2 (Suite, Room, etc.)</i>		
<i>City</i>	<i>State</i>	<i>ZIP</i>
<i>Telephone Number</i>	<i>Fax Number</i>	<i>E-mail Address</i>

Authorization	
<i>Printed Name of Authorized Official</i>	<i>Job Title</i>
	
<i>Authorized Official Signature (First, Middle, Last Name, Jr., Sr., MD, DO, etc.)</i>	<i>Date Signed (mm/dd/yyyy)</i>

Check here if this is the authorized official listed on the CMS-855A:
(Must agree with the CMS-855A form on file with Provider Enrollment.)

Please return form to:

TrailBlazer Health Enterprises, LLC
 Audit and Reimbursement
 Home Office Teams
 Executive Center III, 12th Floor
 P.O. Box 660263
 Dallas, TX 75266-0263