

Effective October 30, 2003 Mountain State Blue Cross Blue Shield will begin using the new Provider Reimbursement/Change Form. This form will be replacing the current Provider Information Form. (Please disregard any old Provider Information Forms you may have in your office.)

Please submit the new Provider Reimbursement/Change Form with any future changes you may have to your Practice arrangement to the following address:

**Mountain State Blue Cross Blue Shield
Provider Relations Department
P.O. Box 1948
Parkersburg, WV 26102**

If you have any questions concerning this change, please contact the Provider Relations Department at 1-800-798-7768 or your External Provider Relations Representative.