

FirstPlan of Minnesota
Provider Services
525 S Lake Avenue
Suite 222
Duluth, MN 55802

Provider Physical Address

Provider Physical Address _____

Effective Date _____

Business Name _____

Address _____

City/State/Zip _____

Telephone _____

Contact Person _____

BCBS Provider Number(s) _____ NPI _____

Tax ID Number _____

Remittance Address

Name _____

Address _____

City/State/Zip _____

In order to better serve our providers, FirstPlan of Minnesota is requesting an unpdate of your business and remit addresses. If you should have any questions, please feel free to call me at 800-584-9488.

Please complete this form and fax to:

**FirstPlan of Minnesota
Attn: Janet Siegel
Fax # : 218-740-4618**