



An Independent Licensee of the Blue Cross and Blue Shield Association

Direct Pay Information Change Request

(Complete only the areas that apply to the change)

Name <i>(First, Middle, Last)</i>			
Wellmark Blue Cross and Blue Shield of Iowa I.D. Number			
Billing Frequency Change	<p>ACH Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually</p> <p>ACH Pull Date: <input type="checkbox"/> 1st of the month <input type="checkbox"/> 5th of the month</p> <p>If moving to ACH or updating any banking information, a completed form M-5779 and a voided check is required.</p>		
	<p>Direct Billed Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually</p>		
Medicare Number Change	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px; vertical-align: top;">Current Medicare Number</td> <td style="width: 50%; height: 40px; vertical-align: top;">Medicare Number Correction</td> </tr> </table>	Current Medicare Number	Medicare Number Correction
Current Medicare Number	Medicare Number Correction		
Name Change	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px; vertical-align: top;">Prior Name <i>(First, Middle, Last)</i></td> <td style="width: 50%; height: 40px; vertical-align: top;">New Name <i>(First, Middle, Last)</i></td> </tr> </table>	Prior Name <i>(First, Middle, Last)</i>	New Name <i>(First, Middle, Last)</i>
Prior Name <i>(First, Middle, Last)</i>	New Name <i>(First, Middle, Last)</i>		
Date of Birth Change	<p>Correct Date of Birth</p> <p style="text-align: center;">____/____/____</p>		
SSN Number Correction	<p>SSN Number Correction</p>		
Telephone Number Change	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px; vertical-align: top;">Home Number <i>Area Code</i> ()</td> <td style="width: 50%; height: 40px; vertical-align: top;">Alternate Number <i>Area Code</i> ()</td> </tr> </table>	Home Number <i>Area Code</i> ()	Alternate Number <i>Area Code</i> ()
Home Number <i>Area Code</i> ()	Alternate Number <i>Area Code</i> ()		
Mailing Address Change	<p>Address Correction</p>		
Billing Address Change	<p>Address Correction</p>		
Notice of Death	<p>Date of Death <i>(Complete Only if Insured Has Single Contract)</i></p>		
Request Cancel	<p>Policy cancellation requires the signature of the insured at the bottom of this form.</p> <p><input type="checkbox"/> Cancel Policy Month Requested*: _____</p> <p><small>*The cancellation request must be received by Wellmark Blue Cross and Blue Shield of Iowa prior to the cancellation date or the policy will be cancelled the first of the month following the receipt date.</small></p>		

Prepared By: _____ Date: ____/____/____

Insured's Signature: _____ Date: ____/____/____