



Supplemental Address Information Form

Univera Healthcare can maintain up to three different address types in our system: physical location, mailing, and billing. A group/business can have a different address for each type. Please complete this form **only** if your mailing and/or billing address is different than the physical address listed on the New Business Group Information Form.

1. Mailing address of group/business (This is where all correspondence is sent, if this varies per location or subgroups, please provide the address for each and remark below):

Address 1	City	State	Zip Code
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Address 2	City	State	Zip Code
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Remarks (Use this space for any special instructions regarding the address information above and what subgroups they apply to):

2. Billing address of group/business (this is where billing invoices will be mailed):

If your mailing address is also your billing address, please check the box to the right

Address 1	City	State	Zip Code
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Address 2	City	State	Zip Code
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Remarks (Use this space for any special instructions regarding the address information above and what subgroups they apply to):
