

Palmetto EAP

Provider Notice of Change of Contact Information

Old Physical Address:

*New Physical Address:

Old Mailing Address:

*New Mailing Address:

Old Phone Number:

New Phone Number

Old Email Address:

New Email Address

Effective Date of Change:_____

Counselor/Practice_____

Please fax to **855-837-3363** or email to info@palmettoeap.com

***If you/your practice has a new address, please also submit a new W-9**