

Changes to Billing Address/Tax Identification Number Notification Form

**Please complete this form and return to Provider Network Management.
Address information above.**

Date: _____ **Number of pages (including this cover sheet):** ____

Provider Group Name: _____ **Site Liaison/Contact Name:** _____

Phone Number: _____ **Fax Number:** _____

Please complete the following section to update billing company and/or billing address information:

A. Current Billing Information	
Billing Company Name: _____	
Billing Address: _____	City, State & Zip: _____
Billing Contact Name: _____	Billing Phone Number: _____
B. Network Participation	
Billing Company Name: _____	Effective Date: _____
Billing Address: _____	City, State & Zip: _____
Billing Contact Name: _____	Billing Phone Number: _____

Please complete the following section to update Tax Identification Number information:

A. Old Tax Identification Number	
Current Tax Identification Number: _____	Date No Longer Utilized: _____
Practitioner(s) Using this Tax Identification Number: _____	
B. New Tax Identification Number (New W-9 form is required for all TIN # changes)	
New Tax Identification Number: _____	Effective Date: _____ (Must attach W-9)
Practitioner(s) Using this Tax Identification Number: _____	

Authorized Signature

The information on this form is accurate and may be processed accordingly.

Signature: _____ Date: _____