



Provider Demographic Information Change Request Form

Participating Provider

Non-Participating Provider

Current Provider Information

Provider Name: _____ Tax ID: _____

Specialty: _____ NPI: _____

Provider Change Information

This change affects:

Group Practice

Individual Provider

Institutional

Change Effective Date: ____/____/____
Month Date Year

Type of Change: (Please check all that apply)

Add TIN

Change Billing Address

Change Name (Group or Physician): _____

Inactivate TIN

Add Service Address

Change or Add Hospital Affiliation: _____

Change TIN

Delete Service Address

Add Specialty: _____

Other: _____

New Demographic Information

New Service Information: (If more than one location, attach additional sheet) Primary Service Location? Yes No

Individual Name: _____

Group Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Telephone: (____) _____

Fax: (____) _____ Tax ID: _____

New Billing Information: (W-9 form must be submitted with all tax ID updates)

Name: (As shown on your income tax return) _____

Address: _____

City: _____ State: ____ Zip Code: _____

Telephone: (____) _____

Fax: (____) _____

Tax ID: _____ NPI: _____

Old Demographic Information

Old Service Information:

(If more than one location, attach additional sheet)

Individual Name: _____

Group Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Telephone: (____) _____

Fax: (____) _____ Tax ID: _____

Old Billing Information:

Name: (As shown on your income tax return) _____

Address: _____

City: _____ State: ____ Zip Code: _____

Telephone: (____) _____

Fax: (____) _____

Tax ID: _____ NPI: _____

Print Name and Title of Authorized Signature: _____

Authorized Signature: **X** _____ Date: _____

Telephone: (____) _____ Email Address: _____

Please fax or email completed form with additional documentation to:

Fax: (646) 473-7229

Email: Providers@1199Funds.org

Please allow 45 days to process your request. Please type or print legibly to avoid processing delays. Tax ID updates cannot be processed without a properly completed W-9 form.

Internal use only

Contract type

Par Professional: _____

Non-Par Professional: _____

Special Contract: _____

Par Facility: _____

Non-Par Facility: _____

Effective Date of New Contract: _____