



Provider Demographic Information Change Request Form

Please type or print legibly to avoid processing delays.

Participating provider Non-participating provider

Current Provider Information

Provider: _____ Email: _____ Tax ID: _____
Specialty: _____ Area of interest: _____ NPI: _____
Board Certified: Yes No

This Change Affects:

Group practice Individual provider Institution/Facility Effective Date: _____
MONTH/DATE/YEAR

Type of Change: (Check all that apply)

Add TIN Change billing address Change name (group or physician): _____
 Deactivate TIN Add service address Change or add hospital affiliation: _____
 Change TIN Delete service address Add specialty: _____
 Add billing address Change service address Other: _____
 Add language: _____ Delete language: _____

New Demographic Information

New Service Information

(If more than one location, attach an additional form for each location)

Primary service location? Yes No

Individual name: _____

Group name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Fax: _____ Tax ID: _____

New Billing Information

(Form W-9 must be submitted with all tax ID updates)

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

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Fax: _____

Tax ID: _____ NPI: _____

Old Demographic Information

Old Service Information

(If more than one location, attach an additional form for each location)

Individual name: _____

Group name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Fax: (_____) _____ Tax ID: _____

Old Billing Information

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

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Fax: _____

Tax ID: _____ NPI: _____

Print name of authorized signature: _____ Title: _____

Authorized signature: **X** _____ Date: _____

Email: _____ Telephone: _____ Fax: _____

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. Tax ID updates cannot be processed without a properly completed Form W-9.

Internal use only

Contract Type

Par professional: _____
 Non-par professional: _____
 Special contract: _____
 MCHCS: _____

Par facility: _____
 Non-par facility: _____
Effective date of new contract: _____
Requester initial: _____