



1199SEIU Benefit Funds

Provider Demographic Information Change Request Form

Please type or print legibly to avoid processing delays.

Participating provider

Non-participating provider

Current Provider Information

Provider name: _____ Tax ID: _____

Specialty: _____ Area of interest: _____ NPI: _____

Provider Change Information

This change affects:

Group practice Individual provider Institution/Facility Date change will take effect: ____/____/____
Month Date Year

Type of Change: (Please 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: _____
- 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: (Form W-9 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. 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: _____
- Par facility: _____
- Non-par facility: _____
- Effective date of new contract: _____