**TAX ID NUMBER, LEGAL NAME, AND/OR OWNERSHIP CHANGES REQUIRE A NEW W-9**

Please submit a W-9 with your new tax identification number, legal name and/or ownership changes with this completed form.

|  |  |
| --- | --- |
| **Tax ID Number:**  | **Effective Date of Change:**  |
| **Organizational NPI or UMPI:**  |
| **Contracted Entity Name:**  |

**Provider’s Change Information:**

**(Please check all information that is applicable and write the information below.)**

**[ ]  Tax ID Number** **[ ]  Legal Name** **[ ]  Ownership**

**[ ]  Physical Address Location** **[ ]  Billing Address** **[ ]  Mailing Address**

**[ ]  Phone Number** **[ ]  Fax Number** **[ ]  Other Changes: describe:**

 **Previous Information: New Information:**

|  |  |
| --- | --- |
| **Tax ID:** | **Tax ID:** |
| **Legal Name:** | **Legal Name:** |
| **Address:** | **Address:** |
| **City:**  | **State:**  | **Zip:**  | **City:**  | **State:**  | **Zip:**  |
| **Phone:**  | **Phone:**  |
| **Fax #:**  | **Fax #:**  |
| **Hours:**  | **Hours:**  |
| **NPI or UMPI:**  | **NPI or UMPI:**  |
| **Other:** | **Other:** |

**Comments:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Completed By:**  | **Date:**  |
| **Contact Person’s Phone Number:**  | **Email Address:**  |

**NOTE: CHANGES MUST BE SUBMITTED WITHIN 30 DAYS PRIOR TO THE CHANGE EFFECTIVE DATE.**

**Incomplete Contracted Entity Update Form or missing W-9 Form will delay the change process. All changes or updates related to your clinic/facility must be submitted within 30 days prior to the effective date of change/update.**

**Contact Person for Contracting:**

|  |  |  |
| --- | --- | --- |
| **Name:**  | **Phone:**  | **Email:**  |
| **Billing Address:**  | **City:**  | **State:**  | **Zip:**  |

**List all practitioners affiliated with the facility:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Adding or Removing** | **Last Name** | **First Name** | **MI** | **Degree** | **Specialty** | **NPI/UMPI** |
|  |  |  |  |  |  |  |
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**All practitioners must be credentialed with SCHA prior to being added to each location. To ensure practitioners are properly credentialed, please complete a *Minnesota Uniform Practitioner Change Form*. If a practitioner is new or has not started, please complete the Minnesota Uniform Credentialing Application.**