**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.**