



**TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
NAME CHANGE FORM FOR INDIVIDUAL/SOLE PROPRIETOR/GROUP**

Provider Number: _____ **Tax ID:** _____
SSN#: _____ **NPI:** _____

Previous Prov Name: _____

DBA (If Applicable): _____

New Provider Name: _____

DBA (If Applicable): _____

Practice Location: _____

(No P. O. Box) _____

Pay To Address: _____

Comments: _____

NOTE: PROVIDER MUST INCLUDE DOCUMENTATION OF NAME CHANGE. PLEASE RETURN THIS FORM WITH A COMPLETED SUBSTITUTE W-9.

IF THERE IS AN OWNERSHIP NAME CHANGE, PLEASE FILL OUT A NEW APPLICATION PACKET. (SEE LINK ABOVE)

**Physician's Signature or
Authorized Representative:** _____

Title: _____

Date: _____ **Telephone Number:** _____

DO NOT ALTER THIS FORM IN ANY MANNER. SHOULD YOU HAVE QUESTIONS REGARDING THE COMPLETION OF THE FORM, PLEASE CALL 1-800-852-2683.

**RETURN TO: PROVIDER SERVICES
State of Tennessee
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243**

SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name: _____ Phone Number: _____

Business Name (if applicable): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
 - 2) Joint account (two or more individuals)
 - 3) Custodian account of a minor
 - 4) a. Revocable savings trust (grantor is also trustee)
b. So-called trust account that is not a legal or valid trust under state law
 - 5) Sole proprietorship (using a social security number for the taxpayer ID)
 - 6) Sole proprietorship (using a federal employer identification number for the taxpayer ID)
 - 7) A valid trust, estate, or pension trust
 - 8) Corporation
 - 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
 - 10) Partnership
 - 11) A broker or registered nominee
 - 12) Account with the U.S. Department of Agriculture in the name of a public entity that receives agricultural program payments
 - 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
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3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number

__ - __ - __ - __ - __ - __ - __ - __

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

__ - __ - __ - __ - __ - __ - __ - __

Sign and date the form:

Certification – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature: _____ Date: _____

Title (if applicable): _____