



### PROVIDER ADDRESS CHANGE FORM

1. Group Provider Name: \_\_\_\_\_ Provider No.: \_\_\_\_\_  
(Hospitals, clinics, groups such as LLC's, PLLC's, PC's, nursing homes, suppliers, corporations, and other group providers).

2. Individual Provider Name: \_\_\_\_\_ Provider No.: \_\_\_\_\_

3. NPI Number: \_\_\_\_\_

4. I.R.S. Number: \_\_\_\_\_

5. Old Servicing Address: \_\_\_\_\_  
\_\_\_\_\_

6. New Servicing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

7. Old Pay To Address: \_\_\_\_\_  
\_\_\_\_\_

\*8. New Pay To Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*NOTE: PLEASE DO NOT ENTER ADDRESSES WITH BOTH THE STREET ADDRESS AND PO BOX. MAIL CANNOT BE DELIEVED TO BOTH.**

PLEASE ATTACH A SUBSTITUTE W-9 FORM IF YOUR PAY-TO ADDRESS CHANGES.

IF THERE IS AN OWNERSHIP, NAME AND/OR IRS NUMBER CHANGE, PLEASE CONTACT THE PROVIDER ENROLLMENT OFFICE FOR A NEW APPLICATION PACKET.

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 REGISTRATION  
State of Tennessee  
Bureau of TennCare  
310 Great Circle Road Floor 2 West  
Nashville, TN 37243

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

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**1. Please complete general information:**

Taxpayer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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**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).

\_\_ - \_\_ - \_\_ - \_\_ - \_\_ - \_\_

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**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): \_\_\_\_\_