Neighborhood Health Plan OF RHODE ISLAND™

Attention: Provider Relations
910 Douglas Pike
Smithfield, RI 02917
Phone: 1-800-963-1001
Fax: 1-401-709-7066
Email: PECCredentialing@nhpri.org

Changes to Billing Address/Tax Identification Number Notification Form

Please complete this form and return to Provider Relations via the address information above.

Date: _____ **Number of pages (including this cover sheet):** _____

Provider Group Name: _____ **Site Liaison/Contact Name:** _____

Phone Number: _____ **Fax Number:** _____

Please complete the following section to update billing company and/or billing address information:

A. Current Billing Information	
Billing Company Name:	
Billing Address:	City, State & Zip:
Billing Contact Name:	Billing Phone Number:
B. Network Participation	
Billing Company Name:	Effective Date:
Billing Address:	City, State & Zip:
Billing Contact Name:	Billing Phone Number:

Please complete the following section to update Tax Identification Number information:

A. Old Tax Identification Number	
Current Tax Identification Number:	Date No Longer Utilized:
Practitioner(s) Using this Tax Identification Number:	
B. New Tax Identification Number (New W-9 form is required for all TIN # changes)	
New Tax Identification Number:	Effective Date: _____ (Must attach W-9)
Practitioner(s) Using this Tax Identification Number:	

Authorized Signature

The information on this form is accurate and may be processed accordingly.

Signature: _____ Date: _____