



Taxpayer Identification Number Add Form

The letter certifies that I, _____, am hereby adding another
Provider Name (please print)
Taxpayer Identification Number (TIN) to include _____ and
_____.

This additional TIN is to become effective on _____.

Billing NPI#: _____ Individual NPI#: _____

Physical Address: _____ Billing Address: _____

Phone #: _____ E-mail Address: _____

Pursuant to my existing contract(s) with EMI Health, and despite my change of TIN, I would like to remain a participating provider on all existing contracts between myself and EMI Health.

I agree that any claim with a date of service on or subsequent to this effective date will be paid to any active TIN on the claim under the terms and conditions of my existing EMI Health contract(s).

Signed,

Signature of Provider

Date