



Taxpayer Identification Number Change Form

The letter certifies that I, _____, am hereby changing my
Provider Name (please print)
Taxpayer Identification Number (hereafter "TIN") from _____ to
_____.

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 panel 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 my new TIN under the terms and conditions of my existing EMI Health contract(s).

Signed,

Signature of Provider

Date