

If you are a contracted Health Share Pathways provider and are changing any of your organization’s billing data (*Tax Identification Number (TIN), Organizational National Provider Identification (NPI) Number, and Organization Name*), please complete and submit this form to Health Share at least **45 calendar days** prior to the effective date of your data change.

****Please type or print clearly****

Date Form Completed:

Provider Name:

Billing Data Changes

(Select and complete all applicable sections)

Tax Identification Number (TIN)

Old Tax ID:

Date Termed:

New Tax ID:

Date Effective:

***Must submit updated W9 with this form for changes to a TIN. ***

Organizational National Provider Identification (NPI) Number

Old NPI:

Date Termed:

New NPI:

Date Effective:

Organization Name

Old Name:

Date Termed:

New Name:

Date Effective:

***Must submit updated W9 with this form for changes to an NPI. ***

Provider must also **submit a W9** if there are billing data changes to your TIN or Organization Name.

Please send the completed form to providers@healthshareoregon.org at least **45 calendar** prior to the effective date of your data change.

Failure to submit this form at least 45 calendar days in advance of your billing data change may affect your claims or authorization processing.