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. \*\** |

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|[ ]  **Organizational National Provider Identification (NPI) Number** |
| **Old NPI:**       | **Date Termed:**       |
| **New NPI:**       | **Date Effective:**       |

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|[ ]  **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.**