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](mailto: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.**