



Billing Change Form

Contact person (the individual completing this form)	
Contact name:	Telephone number:
Email address:	

Billing address change (W9 is required to complete this request.) Location change

Tax ID number:		
Former address:		Suite:
City:	State:	ZIP code:
New address:		Suite:
City:	State:	ZIP code:
Telephone:	Fax:	
Effective date:	NPI number:	

Business name change (W9 is required to complete this request.)

Tax ID number:	
Former business name:	
New business name:	Telephone number:
Effective date:	NPI number:

Add new tax ID number (W9 is required to complete this request.)

Please attach a list of HAP physicians using the new Tax ID number.

New tax ID number:	
Prepared by:	Date:
Telephone number:	Extension:
Effective date:	NPI number:

Changes to NPI number

Old NPI number:	New NPI number:
Adding new NPI number:	Effective date: