



Internal Inquiry Number (**required**): \_\_\_\_\_

(The Change of Address, W9, and this form are required back within 10 days of the date of the form.)

Exception Form for Demographic Update Error

Provider Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Reason for Change: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form has been sent to the provider above as their demographic change on ProviderConnect was unsuccessful. This form is to allow the request on the attached Change of Address & W9 form to be processed.

In order to complete the request, the Provider Service Line has advised the provider to submit back their completed forms, via fax to 877-722-0987, along with this exception request for processing.

If there are any additional questions, please contact the National Provider Services Line. The number is 800-397-1630. Office hours are Monday – Friday 8 a.m.-8 p.m. ET.

Sincerely,

**Beacon Health Options  
Provider Service Line**

\_\_\_\_\_  
10 British American Blvd  
Latham, NY 12110  
Office: 800-397-1630  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

# Practitioner Change of Address Form



Please list **ALL New/Current addresses** in addition to any addresses we should delete from our files. Provider # \_\_\_\_\_

Last Name	First Name	MI	State	License Type

**1** \*All addresses listed below must correspond to the Tax Identification Number (TIN) listed. **If you have more than one TIN, please complete a separate address change form for each TIN currently in use.**

\*The TIN indicated below is a  TIN currently in use  New TIN (Please complete a W-9 form)

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TIN Owner Name   
(Must match W-9):

Please complete separate forms for multiple Service Addresses.

**2 DELETE** this Service Address:                      Effective Date (Required)  
(Referrals)    /     /

Street Address/Suite (No PO Box)

City    State    Zip

Phone (            )                      Fax (            )

**3 ADD/KEEP** this Service Address:                      Effective Date (Required)  
(Referrals)    /     /

Street Address/Suite (No PO Box)

City    State    Zip

Phone (            )                      Fax (            )

Handicapped accessible Y/ N        Public Transportation accessible Y/ N

**4 DELETE** this Service Address:                      Effective Date (Required)  
(Referrals)    /     /

Street Address/Suite (No PO Box)

City    State    Zip

Phone (            )                      Fax (            )

**5 ADD/KEEP** this Service Address:                      Effective Date (Required)  
(Referrals)    /     /

Street Address/Suite (No PO Box)

City    State    Zip

Phone (            )                      Fax (            )

Handicapped accessible Y/ N        Public Transportation accessible Y/ N

**6 DELETE** this Mailing Address:                      Effective Date (Required)  
(Certification Letters)                                      /     /

Street Address/Suite

City    State    Zip

Phone (            )                      Fax (            )

E-Mail Address: \_\_\_\_\_

**7 ADD/KEEP** this Mailing Address:                      Effective Date (Required)  
(Certification Letters)                                      /     /

Street Address/Suite

City    State    Zip

Phone (            )                      Fax (            )

E-Mail Address: \_\_\_\_\_

**8 DELETE** this PayTo Address:                      Effective Date (Required)  
(Payment)    /     /

Street Address/Suite

City    State    Zip

Phone (            )                      Fax (            )

**9 ADD/KEEP** this PayTo Address:                      Effective Date (Required)  
(Payment)    /     /

Street Address/Suite

City    State    Zip

Phone (            )                      Fax (            )

**10** Provider Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed form to: (877) 722-0987 or mail to Beacon Health Options, Inc. PO Box 41055 Norfolk, VA 23541. For questions please call (800)-397-1630.

**Address updates can be completed online via ProviderConnect.**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.