

Internal Inquiry Number	(required):	
(The Change of Address,	W9, and this form are required back within 10 days of the date of th	ie form.)
Exception Form for Dem	ographic 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,

Carelon Behavioral Health Provider Service Line

10 British American Blvd Latham, NY 12110 Office: 800-397-1630 www.beaconhealthoptions.com

## Practitioner Change of Address Form



Please list ALL New/Current ad	dresses in add	lition to any addro	esses we should	dele	ete from o	ur files.	Prov	ider #	
Last Name	Fi	rst Name	N	11	State		License	е Туре	
1 * <u>All</u> addresses listed below <u>m</u> please complete a separate ac *The TIN indicated below is a	ddress chang TIN currently i	ge form for each in use New TIN	TIN currently in TIN (Please com Owner Name st match W-9):	n use	<b>e.</b> a W-9 form	n)	ave mo	re than	one TIN,
<b>2 DELETE</b> this Service Address: (Referrals)	Effective	e Date (Required) / /	<b>3</b> ADD/KEEI (Referrals)	P this :	Service Ad	dress:	Effective	e Date (R /	equired) /
Street Address/Suite (No PO Box)			Street Addre	ss/Sui	ite (No PO	Box)			
City	State	Zip	City			State		Zi	p
Phone ( )	Fax ( )		Phone ( Handicapped a	) access	sible Y/ N		ax ( c Transpo	) ortation ad	ccessible Y/ N
<b>4 DELETE</b> this Service Address: (Referrals)	Effective	e Date (Required) / /	<b>5</b> ADD/KEEI (Referrals)	P this :	Service Ad	dress:	Effective	e Date (R /	equired) /
Street Address/Suite (No PO Box)			Street Addre	ss/Sui	ite (No PO	Box)			
City S	State	Zip	City			State		Zi	p
Phone ( )	Fax (	)	Phone ( Handicapped a	) access	sible Y/ N		ax ( c Transpo	) prtation ad	ccessible Y/ N
<b>6 DELETE</b> this Mailing Address: (Certification Letters)	Effective /	e Date (Required) /	<b>7</b> ADD/KEEF (Certification			dress:	Effective	Date (Re	equired) /
Street Address/Suite			Street Addre	ss/Sui	ite				
City	State	Zip	City			State		Zi	р
Phone(   ) E-Mail Address:	Fax (	)	<mark>Phone</mark> ( <mark>E-Mail Addre</mark>	) <mark>ess:</mark>		F	<mark>ax</mark> (	)	
<b>8 DELETE</b> this PayTo Address: (Payment)	Effective /	Date (Required) /	<b>9</b> ADD/KEEP (Payment)	this P	PayTo Addr	ess: E	Effective D	Date (Red /	quired)
Street Address/Suite			Street Addre	ss/Sui	te				
City S	State	Zip	City			State		Zi	p
Phone ( )	Fax (	)	Phone (	)		F	ax (	)	
10 Provider Signature (Required)	):					Da	ite:		
Fax completed form to: (877) 722-098 1630.		elon Behavioral Heal					estions ple	ase call (8	00)-397-

Address updates can be completed online via ProviderConnect.

ge 2.	2 Business name/disregarded entity name, if different from above					
Print or type Specific Instructions on page	Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:     Individual/sole proprietor or     C Corporation     S Corporation     Partnership     single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)				
	<ul> <li>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh</li> <li>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.</li> <li>Other (see instructions) </li> </ul>	.,	Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)			
P oecific		Requester's name a	and address (optional)			
See <b>SI</b>	6 City, state, and ZIP code					
	7 List account number(s) here (optional)					
Par	t I Taxpayer Identification Number (TIN)					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo		curity number			
reside	p withholding. For individuals, this is generally your social security number (SSN). However, fo int alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>					
	n page 3.	or				
	If the account is in more than one name, see the instructions for line 1 and the chart on page 4	4 for Employer	Employer identification number			
guidel	ines 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
- 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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**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.

Sign Here	Signature of			
	U.S. person ►			

## **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*.

## 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)

- Date 🕨
- 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.