



## Request to Establish or Revise a Non-Contracted Facility Record

Please check one:

**Establishing a new facility record**

**Please complete the entire form.**

**Revising an existing facility record**

Please provide facility name, any information that you wish to change, and your signature.

**Facility Name:** \_\_\_\_\_

**Specialty** (any limitations to practice, e.g., substance abuse only, MRI only): \_\_\_\_\_

What is the facility licensed as? \_\_\_\_\_

\*Federal Tax ID # (TIN or EIN): \_\_\_\_\_ (If TIN change, effective date of new TIN) \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

\*Type 2 NPI (National Provider Identifier) #: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ \*Effective Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Note: Please attach a separate sheet for any additional locations.*

**Mailing Address:**

Business Name: \_\_\_\_\_

Street Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Billing Address:**

Business Name: \_\_\_\_\_

Street Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Make Payment Payable to: \_\_\_\_\_

\*Federal Tax ID # \_\_\_\_\_ \*IRS Legal Entity Name: \_\_\_\_\_

**NOTE: Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) must be reported exactly as recorded with the IRS. Please complete and return IRS form W9 with this questionnaire.**

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone No.

\*REQUIRED FIELDS