

Individual Provider Tax ID Update



Please use this form to update your tax identification number. Please note: A W-9 form must be submitted with a tax ID update. If you are a HOSPITAL BASED PROVIDER please contact the Provider Maintenance Department to update your information. **Fields in BOLD are required.**

Contact person	Contact phone no.
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- Please check here if this change applies to ALL office locations on file
- Please check here if you will no longer be using the previous tax ID

PROVIDER'S INFORMATION

Last name	First name	MI	Provider title
Address (street and P.O., if applicable)	City	State	ZIP code
Provider's Empire ID no(s).	NPI no.	Tax ID no.	
Social security no.	License no.	Primary specialty	

PREVIOUS TAX ID

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NEW TAX ID

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Comments

PLEASE STOP AND REVIEW ALL INFORMATION TO ENSURE THAT THIS IS ACCURATE AND COMPLETE.

Office manager signature	Date
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PLEASE ALLOW 20 BUSINESS DAYS FOR UPDATES TO BE COMPLETED.

Please fax completed forms to: 518-367-3103

OR

Mail to: Attn Provider Registry
Empire BlueCross BlueShield
P.O. Box 3519
Church Street Station
New York, NY 10008-3519