

Date:

GROUP AND PROVIDER INFORMATION FORM

(Please complete 1 form per provider)

Contract Type: PCP	Special	list And	cillary	
Name of Group:			Group NPI:	
Group Authorized Sig	gnatory & Title:		Group Tax I	D:
Total # of Providers Pa	articipating:		Service Area	(County or City):
Provider Name:			Specialty:	
Provider NPI:			Sub Specialty	y:
Provider License Num	ıber:		Age Limitati	ons:
Group Mailing Address	:		<u>'</u>	Phone:
				Fax:
Provider Service Addre	ess:			Phone:
				Fax:
				Office Hours:
Claims Remittance Add	dwaes.			Phone:
Ciaims Remittance Au	u1 css			
				Fax:
Contracting Contact			1 =-	
Name:			Phone:	
Title:			Email:	
Credentialing Contact				
Name:			Phone:	
Title:			Email:	
Specialty limitations:				
Clinicals required for re	eferral:			
Family of Codes require	ed on referrals:			
Family of Codes require				
CCS Provider:	Yes	No		
CPSP Provider:	Yes	No		
CHDP Provider:	Yes	No		



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
	2	Business name/disregarded entity name, if different from above										
page 3.	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.	eck only	one o	of the	ce	Exemp tain er tructio	itities,	not i	ndividı		
e. ns on		Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	☐ Tru	ıst/es	tate	Exe	empt p	ayee c	ode (if any)		
ty High		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶_									
Print or type. Specific Instructions on page		Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of t gle-memb	the LI	_C is	200	emptio de (if a		FAT	CA rep	orting	g
či	Г	Other (see instructions)				(Ap)	olies to ac	counts n	aintaii	ned outsi	de the U	I.S.)
Spe	5	Address (number, street, and apt. or suite no.) See instructions.	Reques	ter's	name	and a	addres	s (optio	onal)			
See												
0)	6	City, state, and ZIP code										
	7	List account number(s) here (optional)										
Pai	t I	Taxpayer Identification Number (TIN)										
		Ir TIN in the appropriate box. The TIN provided must match the name given on line 1 to av		Soc	ial s	ecurit	y num	ber				
reside	nt	vithholding. For individuals, this is generally your social security number (SSN). However, talien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other					-		-			
entitie		t is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>							L			
,				or Fm	nlove	r ide	ntificat	ion ni	mhe	r		1
		he account is in more than one name, see the instructions for line 1. Also see What Name To Give the Requester for quidelines on whose number to enter.	ariu		pioye	- Idei	I		T	<u>'</u>	1	1
						-						
Par	t II	Certification										
Unde	, be	nalties of perjury, I certify that:										
2. I ar Se	n n	mber shown on this form is my correct taxpayer identification number (or I am waiting for ot subject to backup withholding because: (a) I am exempt from backup withholding, or (be (IRS) that I am subject to backup withholding as a result of a failure to report all interest ger subject to backup withholding; and) I have r	not b	een	notifi	ed by	the Ir	terr			
3. I ar	n 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

Sign Here U.S. person ► Date ►	Sign o	
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General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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,