

Notification of Tax Identification Number (TIN) Change

If you are changing your Tax ID Number, Washington Dental Service requires **ALL** the following information be completed in order to update your TIN.

Doctor Name: _____ License #: _____

OLD Tax Identification Number: _____

Date the office **stopped** submitting claims with the **OLD** TIN: _____

NEW Tax Identification Number: _____

Date the office **started** submitting claims with the **NEW** TIN: _____

PLEASE COMPLETE THE FOLLOWING FORMS AND FAX THEM TO PROVIDER SERVICES AT (800) 460-3159

- NOTIFICATION OF TAX ID NUMBER CHANGE (THIS FORM)**
- W-9 COVER SHEET**
- W-9**

Or you can mail to forms to:

*Washington Dental Service
Attn: Provider Services
PO Box 75688
Seattle, WA 98175-0983*

(Doctor's signature)

(Date)