

W-9 Cover Sheet

In order to maintain accurate information for year end 1099 reporting to the IRS, this form is required. Please be certain the W-9 form you complete reflects the address that is on file with the IRS for this tax id number. This is your 1099 address and is the address your 1099 will be sent to.

There is only one 1099 address per tax identification number (TIN), even if you have multiple service office locations.

Doctor Name: _____ License #: _____
(please print)

Service Office Address

Please provide the physical address where treatment will be rendered. P.O. box numbers are **not** acceptable.

Address: _____ E-mail: _____

Phone: _____

Fax : _____

Payment Office Address

Please provide the address where payments and correspondence should be sent. P.O. box numbers are acceptable.

Address: _____

Phone: _____
Fax : _____

Are you using your own Tax ID number on your claims? Yes No

If you answered Yes, please sign the Tax ID owner's signature line.

If you answered No, please sign the Associate/Employee Doctor's signature line. The provider whose Tax ID you are using must sign the Tax ID owner's signature line AND the W-9 form.

Associate/Employee Doctor's signature: _____ Date: _____

Tax ID owner's signature: _____ Date: _____