MHNet BEHAVIORAL HEALTH

PROVIDER INFORMATION CHANGE REQUEST

Date: _____ **Provider NPI Number**: _____

Provider Name: _____ **Licensure**: _____
Last Name First Name Middle Initial (ex. LCSW)

Information to be changed (circle all that apply): Name Address Phone/Fax Tax ID No. (TIN)

Complete this section for NAME changes only

Please list your existing name: _____
New name: _____ as of _____ (date).

Complete this section for ADDRESS, PHONE/FAX & TIN changes

***EXISTING* Information**:	***NEW* Information**:
Phone #: _____ Fax #: _____ TIN: _____ Physical Address:_____ _____ Billing Address:_____ _____ *Term* this information as of: _____ (date).	Phone #: _____ Fax #: _____ TIN: _____ Email: _____(remains confidential) Physical Address: _____ _____ Billing Address: _____ _____ Hours Available: Mon_____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____ Ages treated: _____ to _____ or (circle) all ages Make this (circle one) **change** to the existing info OR **addition** to the existing info *effective* as of: _____ (date).

I authorize MHNet Behavioral Health to make the changes noted above.
Provider Signature: _____ **Date**: _____

This request can be **FAXED: 724-741-4553** *or* **E-MAILED: ProviderInformationChange@aetna.com**.

All ADDRESS & TIN changes ***REQUIRE*** the UPDATED W-9 information, please complete the section below.

SUBSTITUTE W-9 Request for Taxpayer Identification Number and Certification

Name: _____
Business name, if different from above: _____ _____
Circle appropriate designation: Individual/Sole Proprietor Corporation Partnership Other Exempt
Address (number, street, and suite no.): _____
City, state, and ZIP code: _____
Enter your TIN or for individuals, this is your social security no.: _____

CERTIFICATION: Under penalties of perjury, I certify that: **1**. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and **2**. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and **3**. I am a U.S. person (including a U.S. resident alien). You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature of U.S. person: _____ Date: _____