COMMUNITY HEALTH
CENTER NETWORK

Tax ID Change Request

For Tax ID updates, please complete this form and submit it to **providerservices@chcnetwork.org** or fax to **510-297-0445** with a copy of a W-9 for both Tax IDs.

For any questions, please contact Provider Services at **providerservices@chcnetwork.org**

Today's Date:	
Current Information	
Group/Business Name:	
Organizational NPI:	
Tax ID:	
Tax ID Termination Date:	
New Information	
Group/Business Name:	
Organizational NPI:	
Tax ID:	
Tax ID Effective Date:	
Contact Name:	
Contact's Title/Position:	
Contact Phone:	
Contact E-mail:	
Contact Fax:	
Information Confirmation Signature:	