



Provider Demographic Information Update Form

You may mail, fax or email form to: Windsor MedicareExtra
 Attention: Provider Database Administrator
 7100 Commerce Way, Suite 285 Fax: 615-782-7876
 Brentwood, TN 37207 providerdatabase@whptn.com

Practice Name _____ Tax ID# _____

Practice/Facility NPI# _____ Contact Name _____

Contact Phone _____ Contact Fax _____

Contact Email _____ Effective Date of change(s) _____

I am requesting the following change(s) be made. Check appropriate box(es):

- | | |
|---|---|
| <input type="checkbox"/> TIN – Tax Identification Number* | <input type="checkbox"/> New Group / Practice Name |
| <input type="checkbox"/> Physical Address | <input type="checkbox"/> Accepting/Not Accepting New Patients |
| <input type="checkbox"/> Billing Address | <input type="checkbox"/> New Group NPI |

TIN – Tax Identification Number **Attach W-9 Form*

Our New TIN is _____ Our Old TIN was _____

Physical Address
 Print in Directory Yes No
 New Place of Service:

Changed / Additional (Circle One)
 Old Place of Service:

Phone _____ Phone _____

Fax _____ Fax _____

Providers associated with this change: _____

Billing Address
 New Billing Address:

Changed / Additional (Circle One)
 Old Billing Address:

Phone _____ Phone _____

Fax _____ Fax _____

Group / Practice Name

New Name _____

Group NPI: _____

We are no longer accepting new patients. We are accepting new patients.

X _____
 Signature Date