



Provider Demographic Information Update Form

Please mail the completed form to:
Windsor Medicare Extra
Attention: Provider Database Administrator
7100 Commerce Way, Suite 285
Brentwood, TN 37207

Please fax the completed form to:
Windsor Medicare Extra
Attention: Provider Database Administrator
Fax Number 615-782-7876

Provider Name _____ Current Tax ID# _____

Practice Name _____ County, State _____

Individual NPI # _____ Practice/Facility NPI# _____

Contact Name _____ Contact Phone (____) _____

Contact Email _____ Contact Fax (____) _____

Please make the following changes to our demographic/practice information (Check appropriate lines):

_____ **TIN - Tax Identification Number – *Attach W-9 Form**
Changed / Additional (Circle One)

Our New TIN* number is _____ Effective date of New TIN _____
Our Old TIN number was _____

_____ **Physical Address** **Print in Directory** _____ Yes _____ No
Changed / Additional (Circle One)

Our new address is effective	
New Place of Service: _____ _____	Old Place of Service: _____ _____
Phone _____	Phone _____
Fax _____	Fax _____

_____ **Billing Address.**
Changed / Additional (Circle One)

Our new billing address is effective	
New Billing Address: _____ _____	Old Billing Address: _____ _____
Phone _____	Phone _____
Fax _____	Fax _____

_____ **Group/Practice Name.**
Changed / Additional (Circle One)

Our New Name effective _____ is _____

_____ **The following physician/provider has left our practice:**

Name _____	Effective Date _____
Address _____	Reason for leaving _____
_____	_____

_____ **We are closing our practice to new patients effective** _____

_____ **We are reopening our practice to new patients effective** _____

X _____
Signature

Date