Tax Identification Change Form

Please include all clinic NPIs that this change applies to. Please remember to register your new Tax ID with you clearinghouse or vendor if you are set up to receive 835 Electronic Remittances. Failure to do so may result in a lapse in getting your 835 Electronic Remits. Please be aware that prior to setting up your new Tax ID in our claims system, this Tax ID must be registered with the MN Department of Human Services as an enrolled provider. Along with this form, please complete the MN Uniform Practitioner Change Form for each practitioner at your location(s) and Submit a W-9. Please complete an additional Tax Identification Change Form for each additional applicable location. If you have any questions, please contact us at (651) 662-5200 or 1-800-262-0820.

Contact Information:

Name:

Email Address: **Phone Number:**

Clinic Website:

Enter the mailing or email address of where you would like the contract correspondence sent below:

Reason for Tax ID Change: New Ownership: ☐ **New Business Structure (e.g. Incorporation:)** ☐ **Other:** ☐

Describe the nature of the change:

Old Legal Information:

Old Legal Business Name:

Old Doing Business As Name:

Old Tax ID: **Old Tax ID Type:** **Was Old Tax ID Exempt?:**

Old NPI:

New Legal Information:

New Legal Business Name:

New Doing Business As Name:

New Tax ID: **New Tax ID Type:** **Is New Tax ID Exempt?:**

Is this Tax ID registered with DHS? Yes ☐ **No** ☐

New NPI:

Physical Address:	**Mailing Address:**	**Pay-to Address:**
New Clinic Effective Date:	*Complete if mail is not deliverable at physical* address.	*If the billing address is different than the physical address, please provide a pay to/remit address.*
Street:	Street:	Street:
Suite:	Suite:	Suite:
City:	City:	City:
State:	State:	State:
Zip: County:	Zip:	Zip:
Phone:		Phone:

Required Information

Should this location be listed in the directory?

Are you accepting new patients at this location?

Accessibility

Is your office, including parking, entry ways, and other relevant space, accessible for people with disabilities?

Are your exam rooms accessible for people with disabilities?

Does your office have equipment accessible for people with disabilities?

Regular Clinic Office Hours *Examples for how you can enter this information: 4:00pm, 5:30pm, 9:00am, etc. If closed, leave blank.*													
Mon Open	Mon Close	Tue Open	Tue Close	Wed Open	Wed Close	Thu Open	Thu Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close

Urgent Care Office Hours *Examples for how you can enter this information: 4:00pm, 5:30pm, 9:00am, etc. If closed, leave blank.*													
Mon Open	Mon Close	Tue Open	Tue Close	Wed Open	Wed Close	Thu Open	Thu Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close

Are you a Medicare certified facility? **Medicare #:**

CLIA #: Must include if this is a Certified Lab. *Please also submit a copy of your CLIA Certification*

Hospital Affiliation(s): Required if you are one of the following specialties: General Practice, Family Medicine, Internal Medicine, OB/GYN. Pediatrics, Multi-specialty Clinic, Adult Nurse Practitioner, Family Nurse Practitioner, Gerontological Nurse Practitioner, Adolescent Medicine.

Hospital Name:

NPI: **City:**

Hospital Name:

NPI: **City:**

Hospital Name:

NPI: **City:**

Will claims be submitted in a professional (837P) or institutional/facility (837I) format?

Cultural and linguistic competence is the ability of managed care organizations and the providers within their network, to provide care to recipients with diverse values, beliefs and behaviors, and to tailor the delivery of care to meet recipients' social, cultural, and linguistic needs. The goal is a health care delivery system and workforce that can deliver the highest quality of care to every patient regardless of race, ethnicity, cultural background, language proficiency, literacy, age, gender, sexual orientation, disability, religion, or socioeconomic status.

Have the staff in your office completed cultural competency training in the past 12 months?

If you answered 'yes' to the question above, please provide month/year:

Complete and save this form, then email to:
provider.data@bluecrossmn.com
or mail to:
Provider - PDO
PO BOX 982809 EL PASO TX 79998-2809