W-9 Rev 4/08

Request for Taxpayer
Identification Number and Certification

Dear Provider:
The below information needs to be completed and submitted with your contract application.

Please PRINT your name and address *EXACTLY* as it is on file with the IRS.

Legal Name: _____

DBA (optional): _____

Mailing Address: _____ **Billing Address:** _____
(If different)

_____ _____

Office Phone: _____ **Office Fax:** _____

Please Provide the Tax ID Number Claims Are To Be Paid Under:

Employer Identification Number: **Social Security Number:**
__ __ __ - __ __ __ __ __ __ __ (***Do Not Provide Both Numbers***) __ __ __ - __ __ - __ __ __ __

Dental License Number: _____ **National Provider Identification (NPI) Number:** _____
(NPI Number is required for all HIPAA transactions. If you have not already registered for an NPI number- Please register at http://www.cms.hhs.gov/NationalProvIdentStand/ or contact the CMS HIPAA Hotline at (866) 282-0659)

*** If Claims Are To Be Submitted Under Associate's Names, Please Complete One W-9 Form for Each Associate**

_____

Please check Specialty: ☐ **General Dentist** ☐ **Endodontist** ☐ **Orthodontist**
☐ **Oral Surgeon** ☐ **Pedodontist** ☐ **Periodontist** ☐ **Other:** _____

Please check appropriate box:
☐ **Individual/Sole Proprietor** ☐ **Partnership** ☐ **Incorporated Broker** ☐ **Government Entity**
☐ **Corporation that provides medical services** ☐ **Corporation that does not provide medical services**

NON-PROFIT ORGANIZATIONS

Categories of Exemption:
If applicable, please check the category of exemption, based on Internal Revenue Code (IRC) Section 501(c), which applies to your business:
☐ **Corporation is organized under Act of Congress under IRC 501(c)(1);**
☐ **Corporation organized and operated for religious, charitable, scientific, testing for public safety, literary or educational purposes under IRC 501(c)(3);**
☐ **Civic League or organization not organized for profit but operated exclusively for the promotion of social welfare under 501(c)(4);**
☐ **Other. Please provide description of organization and Internal Revenue Code, which applies to your exemption.**

Under penalties of perjury, I certify that:
1) The payee's Tax Identification Number is correct; 2) The payee is not subject to backup withholding due to failure to report interest and dividend income; and 3) The payee is a U.S. Person

Signature: _____ **Date:** _____

Print Name: _____ **Number you can be reached at:** _____