



Taxpayer Identification Number Add Form

Please fax to 801-270-3066, Attn: Provider Relations

The letter certifies that I, _____, am hereby adding another
Provider Name (please print)
Taxpayer Identification Number (TIN) to include _____ and
existing
_____.
additional

Additional TIN effective date: _____.

Note: This additional TIN is effective with EMI Health as contracted, the first day of the month following approval.

Billing NPI#: _____

Individual NPI#: _____

Physical Address:

Billing Address:

Phone #:

E-mail Address:

In addition to this new TIN, I wish to remain a participating provider on all existing contract(s) between myself and EMI Health. I understand and agree that claims will be paid to the TIN submitted on the claim, subject to EMI Health's approved contract effective date for that TIN.

Signed,

Signature of Provider

Date