

Provider Relations
P.O. Box 4936
Helena, MT 59604
406.442.1837 (Local)
1.800.624.3958 (In/Out of State)
406.442.4402 (Fax)



Montana Healthcare Programs Provider Address Correction Form

An updated IRS W-9 form is required for all changes affecting a Pay To/Billing address to ensure payment and tax data is correct. If the Pay To is also the Physical Address, please include an updated W-9.

NPI Number _____ E-Mail _____

Are you a Passport to Health provider?

Yes **If yes**, indicate your Passport provider type, enter your Passport ID number, indicate that you want the Passport provider file updated, and provide your address changes below.

No **If no**, provide your address changes below.

Passport Provider Type Individual/Solo Group

The Passport provider address must match for all linked providers.

Passport ID Number _____ Update My Passport Provider File

In order for your Passport provider file to be updated, you must provide your Passport number above *and* check the box indicating the provider file should be updated.

Indicate correspondence types to be mailed to Address 1. Address 1 must always be the physical location of the office where services are rendered but may include some or all correspondence.

Address 1

Physical _____
 Pay-To/W-9 _____
 Correspondence _____

Indicate correspondence types to be mailed to Address 2. If not applicable, leave blank.

Address 2

Pay-To/ W-9 _____
 Correspondence _____

Indicate correspondence types to be mailed to Address 3. If not applicable, leave blank.

Address 3

Correspondence _____

Phone Number _____ Fax Number _____

Signature and date stamps are not accepted. Original signature required.

Authorized Signature _____ Date _____