

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 \_\_\_\_\_