



ClaimsConnect Add/Change a Tax ID or SSN

Form Instructions: Please complete this form and fax to 888.965.4021.

ACCOUNT INFORMATION *Fill out all information. Incomplete forms will be returned.*

Helper Account #: _____ Group Name: _____

ClaimsConnect G # (optional): _____

PROVIDER INFORMATION *Complete one form for each provider.*

Provider Name: _____ Degree: _____

Old Tax ID: _____ Select appropriate option: **EIN** **SSN**

New Tax ID: _____

Individual NPI: _____ Individual PTAN: _____ (If applicable)

New Group NPI: _____ New Group PTAN: _____ (If applicable)