



## 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 #: \_\_\_\_\_

**PROVIDER INFORMATION** *Complete one form for each provider.*

Provider Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Old Tax ID: \_\_\_\_\_ Check appropriate box:  EIN  SSN

New Tax ID: \_\_\_\_\_

Individual NPI: \_\_\_\_\_ Individual PTAN: \_\_\_\_\_ (If applicable)

New Group NPI: \_\_\_\_\_ New Group PTAN: \_\_\_\_\_ (If applicable)