



Location/Tax Identification Number Verification Form

Provider Name & Degree: _____

Email Address: _____

NPI: _____

NOTE: If there are more than 3 locations please provide additional locations on a separate sheet.

Location 1:

Tax Identification Number: _____

Billing Address: _____

Mailing Address: _____

Office Phone: _____ **Office Fax:** _____

Location 2:

Tax Identification Number: _____

Billing Address: _____

Mailing Address: _____

Office Phone: _____ **Office Fax:** _____

Location 3:

Tax Identification Number: _____

Billing Address: _____

Mailing Address: _____

Office Phone: _____ **Office Fax:** _____

By signing this form, I hereby certify that all information contained about the provider's locations and tax identification number is true, correct and complete in all respects and agree to promptly notify the "recipient" immediately if there are any changes in the information about the status of my location or tax identification number.

Signature for Verification: _____ **Date:** _____

Printed Name of Verifier: _____

Position Held at the provider's office: _____