

Address Change Request Form

Fax to: (212) 337-5197

<i>Please change my (please check all applicable items):</i>		
<input type="checkbox"/> Physical Address	<input type="checkbox"/> Claims Payment Address – <i>a new W9 must be included</i>	<input type="checkbox"/> 1099 Tax Form Mailing Address – <i>a new W9 must be included</i>
<input type="checkbox"/> Telephone/Voicemail Number	<input type="checkbox"/> Fax Number	<input type="checkbox"/> E-mail Address
Information no longer valid:		
New Information:		
<small>NOTE: Tax ID changes require a new contract. Please call 800-288-5441, or e-mail NYPR@WellCare.com to request a Tax ID change.</small>		

Print Name

Signature

WellCare Provider ID Number

Date Submitted