

# Address Change Request Form

**Fax to: (212) 337-5197**

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Information no longer valid: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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**WellCare Provider ID Number**

\_\_\_\_\_  
**Date Submitted**