

| County Waiver Agency | N=New Provider C=Change to Existing Provider | W9 Name (as shown on income tax return) | W9 Business Name (if different from W9 Name) | W9 Business Type (Individual/Sole proprietor Corporation Partnership LLC Other) | W9 Exempt Payee (Y/N) (Y = Exempt / Non-taxable) | W9 TIN (SSN or EIN) (This is the Provider ID) | Provider ID Qualifier (24=EIN 34=SSN) | Billing Last Name or Organization Name |
|-----------------------------|---|---|--|---|---|--|--|---|
|-----------------------------|---|---|--|---|---|--|--|---|

| Billing Provider First Name | Billing Provider Middle Name | Billing Provider Address Line 1 (This can be a P O Box) | Billing Provider Address Line 2 | Billing Provider City | Billing Provider State | Billing Provider Zip Code | Billing Provider Phone # (999-999-9999) | Billing Provider NPI | Servicing Last Name or Organization Name |
|------------------------------------|-------------------------------------|--|--|------------------------------|-------------------------------|----------------------------------|--|-----------------------------|---|
|------------------------------------|-------------------------------------|--|--|------------------------------|-------------------------------|----------------------------------|--|-----------------------------|---|

| Servicing Provider First Name | Servicing Provider Middle Name | Servicing Provider Address Line 1 (This cannot be a P O Box) | Servicing Provider Address Line 2 | Servicing Provider City | Servicing Provider State | Servicing Provider Zip Code | Servicing Provider Phone # | Servicing Provider NPI | Provider License # |
|--|---|---|--|------------------------------------|---|--|---|-----------------------------------|-------------------------------|
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| Provider License State | License Expiration / Renewal Date | Provider Specialty 1 | Provider Specialty 2 | Provider Specialty 3 | Provider Start Date | Provider End Date | Contact Name | Contact Phone Number | Contact Email |
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