



Please review the items below carefully. Each section has a delete/add option. Please ensure you provide all necessary documentation in order for Cenpatico to accurately update our system. Please return completed form to the following:

Cenpatico
Attn: Provider Relations
400 Sawgrass Corporate Pkwy., Ste. 100
Sunrise, FL 33325

Practitioner Name: License Type:

Medicaid Number: NPI:

1) The TIN listed below is a: [] TIN Currently in Use [] New TIN (Please attach a W-9)
Tax ID # [] [] [] [] [] [] [] [] [] [] TIN Owner Name:

Note: If you have more than one service address for the above listed TIN, please copy this form and list each corresponding service address in Section 2 of the form so that CBH can load each referral location.

*All addresses listed below must correspond to the TIN listed in Section 1 above. If you have more than one TIN, please copy this form and complete a separate form for each TIN. A W-9 is required for all financial address changes.

2) Delete this SERVICE address: (Referrals) Add/Keep this SERVICE address:
Street/ Suite # City State Zip Phone Effective Date: / /

3) Delete this MAILING address: (Auth Letters) Add/Keep this SERVICE address:
Street/ Suite # City State Zip Phone Effective Date: / /

4. Delete this FINANCIAL address: (Checks) Add/Keep this FINANCIAL address:
Street/ Suite # City State Zip Phone Effective Date: / /
*Remember to submit a W-9 for a financial address change.

Provider Signature (Required): Date: