



IHCP Provider Taxpayer Identification Number Maintenance Form

in.gov/medicaid/providers

Enrolled providers use this form to make changes to a business taxpayer identification number (TIN) for one or more service locations associated with a specific provider number.

A W-9 must be completed and submitted when the TIN changes. Follow these steps:

1. Go to the irs.gov website.
2. Locate the W-9 form and click the link to download it.
3. Complete the W-9 based on the instructions provided by the Internal Revenue Service.
4. Print the W-9 and mail it to the Gainwell Technologies Provider Enrollment Unit as an attachment to this form.

If the TIN change is the result of a change of ownership, do not complete this form. For a change of ownership, complete and submit the appropriate IHCP provider packet. Go to [Complete an IHCP Enrollment Application](#) at in.gov/medicaid/providers and select your provider type to find the appropriate provider packet. Be sure to include supporting documentation and a copy of the purchase agreement or bill of sale with the packet.

Next Steps

1. After completing this form, perform a quality check using the following checklist. The quality check helps ensure that your maintenance request can be processed and that it does not have to be returned for corrections.

For Provider Use Only	Quality Check
	Complete all fields.
	Complete the Contact Information and Signature Authorization for Profile Maintenance sections.
	Download the federal W-9 form from the Internal Revenue Service , and complete and sign it. Be sure to include the W-9 when submitting this form.

2. Make a copy of the maintenance form and other documentation for your records.
3. If you need additional maintenance forms, return to in.gov/medicaid/providers and select another form.
4. Mail the maintenance forms and other required documentation to the following address:

IHCP Provider Enrollment
PO Box 50443
Indianapolis, IN 46250-0418



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Service Location Information

If the change is the result of a change of ownership, do not complete this form. For a change of ownership, complete and submit the appropriate [IHCP provider packet](#); include supporting documentation and a copy of the purchase agreement or bill of sale.

1. Effective date of new TIN		2. New TIN		3. Previous TIN	
4. Legacy Provider Identifier (LPI)			5. NPI		6. Taxonomy
7. Apply the TIN change to (if the change applies to multiple service locations, but not all, submit one form per service location): Single service location – complete fields 8 – 27 All service locations – skip fields 8-13; complete fields 14 – 27					
8. Service location alpha suffix			9. Service location doing business as (DBA) name		
10. Service location street address					
11. City		12. State		13. ZIP + 4 (Nine digits required)	

Legal Name and Home Office Address

The information in this section is requested only to verify that the TIN changes are being made to the correct service locations. You cannot use this form to change the legal name and home office address. If you need to change the legal name and home office address, use the *IHCP Name and Address Maintenance Form* or the appropriate IHCP provider packet.

14. Legal name					
15. Home office street address					
16. City		17. State		18. ZIP + 4 (Nine digits required)	

Contact Information

The contact person is the person who answers questions about the information provided in this form.

19. Contact name			20. Telephone		
21. Contact email					

Signature Authorization for Profile Maintenance

The undersigned, being the provider or having the specific authority to bind the provider to the terms of the provider agreement, does hereby agree to abide by and comply with all the stipulations, conditions, and terms set forth herein. The undersigned acknowledges that the commission of any Medicaid or CHIP-related offense, as set out in 42 USC 1320a-7b, may be punishable by a fine of up to \$25,000 or imprisonment of up to five years or both.

The owner or an authorized official of the business entity directly or ultimately responsible for operating the business enterprise must complete this section. The *IHCP Delegated Administrator Addendum/Maintenance Form* must be completed before a delegated administrator can sign forms. The delegated administrator can sign only for items expressly delegated. The IHCP can process provider maintenance requests only when the appropriate signature is present. **The form will be returned if the appropriate signatures are not submitted.**

22. Legal name of provider's business (please print)	23. TIN
24. Authorized official's name (please print)	25. Title
26. Authorized official's signature	27. Date