

Date:

Dear Representative: <u>TIME SENSITIVE RESPONSE NEEDED</u>

Please accept this Letter of Intent as our notice that we, Access Health Care Physicians, LLC, TIN: 451444883, NPI: 1245529742, Taxonomy 193200000X (Multispecialty) are adding the below provider to our group for all lines of business for our practice as to assure consistent patient care coverage.

LAST NAME	FIRST NAME	SUFFIX	NPI	CAQH#	EFFECTIVE DATE		
TAXONOMY PRI	MARY		PRIMARY	PRIMARY SPECIALTY			
Correspondence Address:							
Address	City	State	Zip	Phone	Fax		
Pay To / Remittance Address:							
Address	City	State	Zip	Phone	Fax		
PRACTICE LOCATIONS							

PRACTICE LOCATIONS					
Primary Address:	Secondary Address:				
Phone:	Phone:				
Fax:	Fax:				
Days / Hours:	Days / Hours:				
Age Ranges:	Age Ranges:				
Supervising Physician:	Supervising Physician:				

If you have any questions, please do not hesitate to contact credentialing at 352-799-0046 ext. or via email to <a href="mailto:credentialing@accesshealthcarellc.net">credentialing@accesshealthcarellc.net</a>

Please confirm receipt of this notice and estimated time of completion. Upon completion of the contracting and credentialing for this provider, please provide:

- 1. Effective Date
- 2. Insurance Provider ID#
- 3. Confirmation of Lines of Business
- 4. Next credentialing date

Sincerely,

Credentialing Department



## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
ge 2.	2 Business name/disregarded entity name, if different from	n above				
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; che Individual/sole proprietor or C Corporation single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)				
	Note. For a single-member LLC that is disregarded, the tax classification of the single-member owner.	Exemption from FATCA reporting code (if any)  (Applies to accounts maintained outside the U.S.)				
	Under (see instructions) ►  Address (number, street, and apt. or suite no.)		Requester's name and address (optional)			
See <b>Spe</b>	6 City, state, and ZIP code					
	7 List account number(s) here (optional)					
Par	Taxpayer Identification Number	(TIN)				
Enter	our TIN in the appropriate box. The TIN provided m	ust match the name given on line 1 to ave	oid Social se	curity number		
reside entitie	p withholding. For individuals, this is generally your nt alien, sole proprietor, or disregarded entity, see th s, it is your employer identification number (EIN). If y page 3.	ne Part I instructions on page 3. For other				
	If the account is in more than one name, see the insines on whose number to enter.	tructions for line 1 and the chart on page	4 for Employer	dentification number		
Par	Certification					
Under	penalties of perjury, I certify that:					
1. Th	number shown on this form is my correct taxpayer	identification number (or $\boldsymbol{I}$ am waiting for	a number to be is	ssued to me); and		
Se	n not subject to backup withholding because: (a) I a vice (IRS) that I am subject to backup withholding a longer subject to backup withholding; and					
3. I a	n a U.S. citizen or other U.S. person (defined below)	; and				
4. The	FATCA code(s) entered on this form (if any) indicati	ng that I am exempt from FATCA reportin	g is correct.			
becau intere: gener	cation instructions. You must cross out item 2 about se you have failed to report all interest and dividend at paid, acquisition or abandonment of secured propally, payments other than interest and dividends, you stions on page 3.	s on your tax return. For real estate transa erty, cancellation of debt, contributions to	actions, item 2 do o an individual ret	es not apply. For mortgage irement arrangement (IRA), and		
Sign Here	Signature of U.S. person ▶	Da	te ►			
	<del>-                                    </del>	•				

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

## **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),  $\,$ 
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.