LAST NAME	FIRST NAME	SUFFIX	NPI	CAQH#		EFFECTIVE DATE		
			·					
TAXONOMY PRIMARY			PRIMAR	PRIMARY SPECIALTY				
			·					
Correspondence A	Address:							
Address		City	State	Zip	Phone	Fax		
Pay To / Remittance Address:								
Address		City	State	Zip	Phone	Fax		
		PRACT	ICE LOCATIO	NS				
Primary Address:			Secondar	Secondary Address:				
D1								
Phone:			Phone:					
Fax:			Fax:					

Days / Hours:

Age Ranges:

Supervising Physician:

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

Sincerely,

1.

2.

3.

4.

Days / Hours:

Age Ranges:

Supervising Physician:

credentialing@accesshealthcarellc.net

Effective Date

credentialing for this provider, please provide:

Insurance Provider ID#

Next credentialing date

Confirmation of Lines of Business

Date:

Dear Representative: **TIME SENSITIVE RESPONSE NEEDED**

for our practice as to assure consistent patient care coverage.

Credentialing Department

If you have any questions, please do not hesitate to contact credentialing at 352-799-0046 ext. or via email to

Please confirm receipt of this notice and estimated time of completion. Upon completion of the contracting and



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 Bu	siness name/disregarded entity name, if different from above					
pe ons on page		leck appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)				
Print or type See Specific Instructions on		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)				
Pecific		Other (see instructions) ►Address (number, street, and apt. or suite no.)		Requester's name and address (optional)			
See Sp	6 Cit	ry, state, and ZIP code					
7 List account number(s) here (optional)							
Part I Taxpayer Identification Number (TIN)							
		TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	0.0	curity number			
		nholding. For individuals, this is generally your social security number (SSN). However, f on, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other					
		s your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>					
TIN on page 3.							
		account is in more than one name, see the instructions for line 1 and the chart on page on whose number to enter.	e 4 for Employer	identification number			
Par	: III	Certification					
Under	pena	Ities of perjury, I certify that:					
1. The	e num	ber shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be is	ssued to me); and			
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and							
3. I ar	m a U.	.S. citizen or other U.S. person (defined below); and					
4. The	FATO	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	ng is correct.				
becau interes genera	ise yoi st paic ally, pa	In instructions. You must cross out item 2 above if you have been notified by the IRS to under have failed to report all interest and dividends on your tax return. For real estate trans do acquisition or abandonment of secured property, cancellation of debt, contributions to ayments other than interest and dividends, you are not required to sign the certification on page 3.	actions, item 2 do to an individual ret	es not apply. For mortgage irement arrangement (IRA), and			
Sign Here	,	Signature of U.S. person ► Di	ate ▶				
	-						

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.