

PLEASE PRINT OR TYPE ALL INFORMATION
YOU MUST INCLUDE COPIES OF YOUR CURRENT IRS W-9 FORM AND
STATE LICENSE WITH THE INFORMATION SHOWN BELOW

PRACTITIONER			
MUST BE COMPLETED BY ALL INDIVIDUAL PRACTITIONERS			
Provider Name:	BROWNING	JULIANNE	
	(Last)	(First)	(MI)
Provider type (i.e., MD, DO, DDS, DC) DMD			
Provider specialty (i.e., Family Practice, Internal Med, OB/GYN): Dentist			
License No. (copy required): 7118		Effective date of license: 08/02/2018	
State issued by: NV		Practitioner Medicare B #:	
SSN: 530-57-4594	DOB: 03/11/ 1991	NPI #	Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Taxonomy:	Effective Date: (required)	6/25/2024	

GROUP	
MUST BE COMPLETED BY ALL PROVIDERS	
Legal Name of Group (for 1099 reporting): Oweis Union Village Modern Dentistry, PC	
TAX ID # (for 1099 reporting W-9 required): 86-2941571	
Group DBA Name: Union Village Modern Dentistry and Orthodontics	
Group NPI: (if billed on claim) 1437733243	
Group Medicare B#:	
<u>Primary Practice Address</u>	<u>Secondary Practice Address</u>
Street: 1135 Vitality Dr, Ste 13	Street:
City, St, ZIP: Henderson NV 89011	City, St, ZIP:
Telephone No. () (702)359-7401	Telephone No. ()
FAX No. () (702)430-6719	FAX No. ()
<u>Remittance Address</u>	<u>TAX Address</u> (if different)
Street: PO Box 920050	Street:
City, St, ZIP: Dallas, TX 75392	City, St, ZIP:

- All providers will be loaded as Non-Participating until credentialed and contracted. If you would like to be a Network Participating Provider (requires credentialing), then please visit Providers.BlueKC.com and click on "Joining the Blue KC Network?" option. For Behavioral Health providers, please visit NDBH.com. Email the completed form to Provider_Data@BlueKC.com or fax to 816-395-3387.

Form Completed by: Gokul Marimuthu	Date: 07/30/2025
Email: credentialing@pdshealth.com	Phone Number: (714)845-8500
	Fax Number: (949)250-0510

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Oweis Union Village Modern Dentistry, PC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	2 Business name/disregarded entity name, if different from above. Union Village Modern Dentistry	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. PO Box 920050	
6 City, state, and ZIP code Dallas, TX 75392		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
8	6		-	2	9	4	1	5	7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Sarah Oweis, D.M.D.</i>	Date 1/1/2025
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action
Dentist	Julianne Browning Christine	Full Name : Browning, Julianne Christine Primary Office Address : 1135 Vitality Dr Ste 130, City, State Zip : Henderson, NV 89011 Office Phone : (702) 359-7401 License Number : 7118 License Date : 08/02/2018 Status : Active Expiration Date : 06/30/2027 Graduated From : 09/01/2014 Graduation Date : 05/12/2018	Henderson NV 89011	Active		
Permits :						