

INSTRUCTIONS FOR COMPLETING THE 1199SEIU PROVIDER DEMOGRAPHIC INFORMATION CHANGE REQUEST FORM

Participating provider: This is a provider who is credentialed by, and contracted directly with, the Benefit Funds. If you are unsure of your participation status, please visit the Funds' website at www.1199SEIUFunds.org and click on the "Find A Provider" link on the homepage to access our online directories.

Non-participating provider: This is a provider who is not credentialed by, and does not have a contract with, the Benefit Funds. If you wish to become a participating provider, please visit the Funds' website at www.1199SEIUFunds.org, click on the "For Providers" tab and then click on the link "Join our provider network." This will lead you to the "Become a Provider" page. Follow the instructions on this page.

CURRENT PROVIDER INFORMATION SECTION: This section identifies the provider requesting the change.

Provider name: Practitioner or entity requesting the change

Email: Main email address, including patient-facing email address.

Specialty: Current specialty or practicing specialty on file with the Benefit Funds

Area of interest (optional): A specialized medical (including dental or behavioral health) field of practice or provider expertise for which the provider possesses training outside of their designated specialty. For example, a dermatologist might list "Mohs surgery" or a behavioral health provider might list "anxiety."

NPI: Current individual National Provider Identifier (NPI)

Tax ID: Current Tax Identification Number (TIN)

PROVIDER CHANGE INFORMATION SECTION: This section identifies the type of provider requesting the change.

Group practice: Association of healthcare professionals listed under the same TIN who share premises and other resources

Individual provider: Solo practitioner

Institution/Facility: Entity, vendor or hospital (non-individuals)

Date change will take effect: Date the change will become effective; please note: 1199SEIU Provider Demographic Information Change Request Forms should be submitted 60 days in advance of a requested update.

TYPE OF CHANGE SECTION: This section identifies the type of change being requested. You may check more than one box.

The following are definitions and instructions for each type of change to help you complete the form:

Add TIN: Defined as adding a new Tax Identification Number (TIN) and unique billing address to the information currently on file with the Benefit Funds.

- To add a TIN, you must complete the "New Service Information" and "New Billing Information" sections under the "New Demographic Information" section. A new W-9 form must be submitted for the new TIN.

Deactivate TIN: Defined as terminating a Tax Identification Number (TIN), effective on a specified date.

- To deactivate a TIN, you must complete the "Old Service Information" section, if applicable, and the "Old Billing Information" section under the "Old Demographic Information" section. Please ensure that the TIN to be deactivated is listed.

Change TIN: Defined as terminating the current Tax Identification Number (TIN) and activating a replacement TIN, effective on a specified date.

- To change a TIN, you must complete the "New Demographic Information" and "Old Demographic Information" sections. A new W-9 form must be submitted for the new TIN.

Add billing address: Defined as adding a billing address where checks are mailed without a change to the Tax Identification Number (TIN), effective on a specified date.

- To add a billing address, you must complete the “New Demographic Information” section. A new W-9 form must be submitted with the new billing address.

Change billing address: Defined as changing the payment address where checks are mailed without a change to the Tax Identification Number (TIN), effective on a specified date.

- To change a billing address, you must complete the “New Demographic Information” and “Old Demographic Information” sections (new and old billing information only). A new W-9 form must be submitted with the new billing address.

Add service address: Defined as adding a new practicing address to the Benefit Funds’ provider lists and directories.

- Participating providers ONLY: To add a new service address, you must complete the “New Service Information” section under the “New Demographic Information” section. Please ensure that the Tax Identification Number (TIN) is listed.
- Non-participating providers: The Benefit Funds do not maintain service locations for non-participating providers.

Delete service address: Defined as removing a service location from the Benefit Funds’ provider lists and directories. Please ensure that you have at least one current service location on file by checking the Funds’ website at www.1199SEIUFunds.org and using the Provider Directory.

- Participating providers ONLY: To delete a service location, you must complete the “Old Demographic Information” section (service information only). No W-9 form is required. Please ensure that the Tax Identification Number (TIN) is listed.
- Non-participating providers: The Benefit Funds do not maintain service locations for non-participating providers.

Change service address: Defined as updating a practicing address to the Benefit Funds’ provider lists and directories.

- Participating providers ONLY: To change a service location, you must complete the “New Service Information” section under the “New Demographic Information” section. Please ensure that the Tax Identification Number (TIN) is listed.
- Non-participating providers: The Benefit Funds do not maintain service locations for non-participating providers.

Change name (group or physician): Defined as updating the group practice’s name and specifying if this change affects the billing or pay-to information. If the change affects the billing location, a new W-9 form must be submitted with the request.

- To change the name of a group practice, you must complete the “New Demographic Information” section (service information only) and submit a new W-9 form, if applicable.

Change or add hospital affiliation: Defined as updating the hospital affiliation where a provider has admitting privileges as listed in the Benefit Funds’ directories. A copy of a current (within 180 days) hospital appointment letter is required.

Add specialty: Defined as adding a new specialty to the specialty or specialties that are on file with the Benefit Funds. In addition to the completed 1199SEIU Provider Demographic Information Change Request Form, a copy of a current board certification certificate, where applicable, or curriculum vitae (CV) is required.

Add provider language spoken: Defined as adding a language spoken by a provider or providers in the office.

Delete provider language: Defined as deleting a language no longer spoken by a provider or providers in the office.

Add email: Defined as adding an email for communications with the Benefit Funds.

Change email: Defined as changing an existing email for communications with the Benefit Funds.

Accepting new patients: Defined as accepting patients other than existing patients.

Add office hours: Defined as adding office hours of operation.

Add staff languages spoken: Defined as adding a language spoken by an office staff member.

Delete staff language: Defined as deleting a language spoken by an office staff member.

NEW DEMOGRAPHIC INFORMATION SECTION

New service information: New service address that is replacing existing practice information or being added to the list of current practice locations

New billing information: New billing address where checks or remittance advice should be mailed

OLD DEMOGRAPHIC INFORMATION SECTION

Old service information: Previous or current service information, including practice location or locations

Old billing information: Previous or current billing address or addresses

AUTHORIZED NAME AND TITLE SECTION

Print name and title of authorized signature: The name and title of the provider who is requesting the change or the individual authorized to act on behalf of the provider

Authorized signature: Signature of the provider or the individual authorized to make changes on the provider's behalf

Date: Date on which the form was signed

Title: Title of the individual signing the form

Email: Email address of the individual signing the form

Telephone: Telephone number of the individual signing the form

Fax: Fax number of the individual signing the form

ADDITIONAL INFORMATION

For providers who are contracted with Aetna Choice POS II:

Aetna Choice POS II providers located within NY, NJ, CT and PA requesting to update their data must contact Aetna directly at (888) MD-AETNA [(888) 632-3862].

Aetna Choice POS II providers located outside of NY, NJ, CT and PA must complete the 1199SEIU Provider Demographic Information Change Request Form to update their tax identification number (TIN) and other billing information **only**. These providers must contact Aetna directly at (888) MD-AETNA [(888) 632-3862] for all other changes.

For providers who are contracted with One Call:

Providers contracted with One Call who want to update their demographic information must contact One Call directly at (800) 398-8999.