

Provider Accounts & Credentialing
PO Box 44261
Olympia WA 98504-4261

Fax: 360-902-4484
Questions? Email PacMail@Lni.wa.gov

1. Account Information (Required)

Provider/Business/Facility Name	Taxpayer Identification Number (EIN or SSN)
Provider's Account & Individual NPI Number	Group Account & Organization NPI Number

2. Change the Name on My Account: If you are changing the name of the individual, you must attach documentation: medical license, certification, marriage license, divorce decree, or court order. You do not need documentation to change your business name.

Previous Provider/Business/Facility Name	New Provider/Business/Facility Name
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3. Change the Address of My Office's Location

Old Location		New Location (This address cannot be a PO Box)	
Address		Address	
City	State	ZIP	
City	State	ZIP	
Phone Number	Fax Number	Phone Number	Fax Number

4. Add or Change the Existing NPI on My Account

Old NPI (if applicable)	New/Add NPI:	Reason for Change/Add:
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5. Change My Payment Address To change this address the IRS Form W-9 must be submitted with the Change form. You will also need to:

- Submit a Vendor/Payee Changes form to the Office of Financial Management (OFM) found at: ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-service For questions regarding OFM forms or registration process call 360-407-8180 or email: PayeeRegistration@ofm.wa.gov

Old Payment Address		New Payment Address (PO Box accepted)	
Address		Address	
City	State	ZIP	
City	State	ZIP	
Phone Number	Fax Number	Phone Number	Fax Number

6. Change My 1099 Address: To change this address the IRS Form W-9 must be submitted with the Change Form.

Old 1099 Address		New 1099 Address (PO Box accepted)	
Address		Address	
City	State	ZIP	
City	State	ZIP	

7. Change My Correspondence Address

Old Correspondence Address		New Correspondence Address (PO Box accepted)	
Address		Address	
City	State	ZIP	
City	State	ZIP	
Phone Number	Fax Number	Phone Number	Fax Number

8. Inactivate My Provider Account

Provider Account Number	Provider/Business/Facility Name	Effective Date
Reason:		

9. I authorize this change by signing below: (Required)

- L&I cannot accept electronic signatures.

Signature	Phone Number	Date
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