



NCTracks Provider EIN Update Form

This form is used to update your Employer Identification Number (EIN) information in NCTracks.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Provider Name: | |
| NPI: | |
| EIN Currently listed in NCTracks: | |
| Please list the correct EIN: *An IRS tax letter and W-9 form indicating the correct EIN to list on your provider record is required to make the update. | |

Directions:

1. Complete all of the fields in the table above
2. Check both boxes below
3. Sign and date the form attesting to the validity of the information and your authorization to update the provider record in NCTracks
4. Mail to the address listed below

I authorize the removal of the EIN listed above that is currently on my NCTracks provider record.

I authorize NCTracks to update the current EIN to the correct EIN provided above.

I certify that the above information is true and correct.

Signature of Individual Provider or Office Administrator

Printed Name

Date

Phone Number

Mail completed form along with IRS tax letter and W-9 form * to the following address:

CSC Provider Enrollment, P.O. Box 300009, Raleigh, NC, 27622-8009