CSEA EMPLOYEE BENEFIT FUND

REQUEST FOR DETAILED PRACTICE/DENTIST INFORMATION

Please complete and return this form. You must notify the CSEA Employee Benefit Fund of any changes including the following, change of address, the opening or closing of an office, changes in TIN, changes in ownership, or employee changes.

Up-to-date, correct information will expedite the processing of your claims and allow for accurate preparation of your 1099 at the end of the year.

Return the completed forms to: **CSEA Employee Benefit Fund**
PO Box 516
Latham, NY 12110

Fax: 518-782-1234

Phone: 800-323-2732 x875

BILLING ENTITY NAME AND CURRENT TAX IDENTIFICATION NUMBER

Exact name of Practice, Billing Dentist or Billing Dental Entity on file with the IRS and associated with current TIN or SS#

TIN or SS# ***Date this number was issued*** ***NPI***

PLEASE PROVIDE FULL ADDRESS AND PHONE NUMBER WITH AREA CODE

Street ***City*** ***State*** ***Zip*** ***Phone***

Email ***Website***

PLEASE PROVIDE NAMES AND LICENSE NUMBERS OF THE DENTISTS REPORTING INCOME UNDER THE ABOVE TAXPAYER ID

License Number ***Name*** ***Status (Owner, Partner, Employee)***

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