



emihealth.com

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Provider Address Updates

Date: _____

Tax ID: _____

Facility Name: _____

Contact Information:

Name: _____ Phone #: _____

Previous Facility Address: _____

Please complete all of the following fields for address updates/changes

Is the change due to a move: Yes No

Facility Address: _____

Mailing Address: _____

Billing Name: _____

Billing Address: _____

Name as it appears on your IRS Tax form: _____

What address does the end of year 1099 form need to be mailed to:

If there has been a name change with the IRS, please include a copy of your updated IRS Letter or W9.

Please email or fax to:
pmmailbox@emihealth.com
Fax: 801-270-3080

****If you are a participating provider located in Utah, do not use this form. Contact your provider relations representative****