



# Provider Payment Account Change Form

Use this form to notify L&I of any change to your provider payment account information. Sections 1 & 7 must be completed. *To update your tax name and payment information, send a signed Statewide Payee Registration forms with steps 1-6 completed with this form.* A W-9 alone will not update your payment address.

If you would like to sign up for electronic remittance advices, please visit:  
[www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/Electronic/electronic.asp](http://www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/Electronic/electronic.asp)

For L&I Use Only – Provider Payment Acct #

## 1. Basic account information

Provider Name		Taxpayer Identification Number	
Provider Payment Account Number	Group Provider Payment Number	Key Number for Provider Network Account	

## 2. Change the name on my account

If you are changing the name of an 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 Name	New Provider Name
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## 3. Change the address of my office's location

Old Location		New Location (This address must be a street address.)	
Address		Address	
City	State ZIP	City	State ZIP
Phone Number	Fax Number	Phone	Fax Number

## 4. Change my payment address

(You must have the Statewide Payee Registration forms with steps 1-6 completed)

Old Payment Address		New Payment Address (This address can be PO Box.)	
Address		Address	
City	State ZIP	City	State ZIP
Phone	Fax Number	Phone	Fax Number

## 5. Change my correspondence address

Old Correspondence Address		New Correspondence Address (This address can be a PO Box.)	
Address		Address	
City	State ZIP	City	State ZIP
Phone	Fax Number	Phone	Fax Number

## 6. Inactivate my provider payment account

Provider Number	Provider/Facility Name	Effective Date
Reason:		

## 7. I authorize this change by signing below

Date	Signature	Phone
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