

# Demographic Updates Step-by-Step:

A Do-It-Yourself Workbook for Providers



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For more information about credentialing, recredentialing and demographic updates for alternative care and behavioral health providers, please visit [alchemycredentialing.com](http://alchemycredentialing.com).

#### **Notes**

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## A Note from the Alchemy Credentialing Team



**Credentialing is an adventure** - one that requires regular attention from you. Keeping your demographic information current with each insurance carrier is an arduous task. We designed this step-by-step workbook to guide you through the demographic update process.

**Document your information in each section.** Trust us, it'll come in handy for your phone calls to insurance carriers.

If you decide you can't do it alone, never fear - we're here to show you the way! Just send us a copy of your workbook and we'll discount the cost of this book from our usual fees. (We can only offer this discount with proper documentation, so fill out each section carefully!)

Godspeed!



## Who This Book Is For

**This workbook is not for everyone.** It is specifically designed to help...

- ✦ Past or current Alchemy Credentialing clients
- ✦ Behavioral Health providers in the states of OR and WA
- ✦ Alternative Care Providers (LAc, LMT, ND) and the specialties of DC, PT, RD

## What This Book Covers

This book describes the **demographic update process** - the process of changing or updating your practice and billing information with insurance carriers.

We'll walk you through the demographic update process from start to finish:

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## How To Use This Book

First, read the book in its entirety to familiarize yourself with each step. Then, carefully fill out each section.

Avoid errors in addresses, phone numbers, tax-related IDs, provider identification numbers, and other critical demographic information at all costs.

**REMEMBER: Incorrect information may cause update delays, billing errors, HIPAA violations, lost or denied payments, and unintentional insurance fraud.**

## Before You Begin

### The Golden Rule of Demographic Updates

**PLAN AHEAD!** CHANGING ANY DEMOGRAPHIC INFORMATION IS A **BIG DEAL**.  
IT MAY TAKE SEVERAL WEEKS TO CHANGE THE INFORMATION.

#### Why is it a big deal?

Your data exists in multiple carrier databases and websites. Sudden changes of address or Tax ID number may cause billing and payment errors or denials, confused and angry patients who can no longer locate your office, and lost mail (including checks!).

#### Why does it take several weeks?

Every day, insurance carriers process requests from *hundreds of thousands* of customers, contracted providers, and employees. Updating provider information is a tiny fraction of their daily work. They may have limited staff, lose your paperwork, make errors, have a pile of requests to complete before yours... or all of the above!

#### Why should I plan ahead?

It might take longer than you think. And you might not get paid while you wait. Generally, updates take anywhere from a week to 120 business days. The sooner you notify insurance carriers, the better. Update promptly to avoid long delays in claims payments. Notify your billing company and accountant about demographic updates *before* you move or make changes.

#### Ack! What if I have already moved my location or made changes?

Sometimes providers move suddenly, or change their demographic information without realizing how it will impact their business.

If that's the boat you're in, manage your expectations carefully. Poorly planned updates often lead to temporary inconveniences like...

- ♦ Denied claims, missing payments, and lost mail
- ♦ Inability to file claims until updates are correct and finalized
- ♦ Letters or calls from insurance carriers
- ♦ Dealing with unhappy or confused patients

Don't panic - these things happen, and this book can still help. An after-the-fact demographic update won't be much fun, but it's a golden opportunity to learn from your mistakes.

## Basic Terms & Definitions Used Throughout This Book

**Billing Address:** The address where you receive insurance payments and tax records. This address *must* be listed on your business W-9 form. You may have a different practice address. Your billing address is not private. For your safety, we advise against using a home address.

**Credentialing:** The verification process an insurance carrier performs before offering providers a business contract. Your personal, educational, and business information will be carefully vetted to ensure that you are a qualified and reputable provider. Recredentialing is required every one to three years.

**Contracting:** After the credentialing phase is complete, a provider may be paid at In-Network or Participating rates by signing contracts with one or more carriers. Only providers who sign and return contracts are considered In-Network (also called Participating or Preferred Providers).

**Contracts:** Legally binding agreements that are linked to a specific Tax ID number and location(s). Contracts determine how much providers are paid and which patient plans they legally participate with. Contracts are valid for 1+ years and require providers to recontract annually or every few years. Multiple Tax IDs or locations may require separate contracts.

**Demographics:** The information insurance carriers have on file for providers, including: clinic or practice name, provider name, specialty, tax ID number, NPI number(s), practice location address(es), billing address, email address, phone & fax numbers, etc.

**Demographic Update:** Any change to demographic information currently on file with an insurance carrier. *Providers are required to keep their demographics current with insurance carriers.*

**Effective Date:** This term has several meanings, but in this book, we mean the date on which you would like your new information to take effect. Example: If you are moving your practice on June 1st, you may request an effective date of 06/01. (See Step 4 for more info.)

**In-Network:** Providers are considered “in-network” (alternately, “paneled”, “preferred”, or “participating”) once they have credentialed and signed legal contracts with an insurance carrier. In-network providers are often paid at higher rates than out-of-network providers, and enjoy additional benefits such as referral business and greater visibility to prospective patients.

**National Provider Identifier (NPI):** A unique ten-digit number assigned to healthcare providers and certain provider groups through the CMS National Plan and Provider Enumeration System (NPPES).

**Out-of-Network:** Providers whose contracts have terminated, or who have never signed contracts with an insurance carrier, are considered “out-of-network” or “non-participating”. After submitting patient claims, they are paid at local, usual, or customary rates for the geographic area and service type.

**Tax ID Number (TIN):** The unique nine-digit number assigned to you or your clinic by the IRS. Also called: Employer Identification Number (EIN), Federal Employer Identification Number (FEIN), or the Federal Tax Identification Number (FTIN). We strongly advise against using your Social Security Number (SSN) as your TIN. (See page 17 for more info.)

**W-9:** An official IRS form detailing the Taxpayer Name, Business Name (Or Disregarded Entity name), Federal Tax Classification, Tax Payer Address (also your billing address), Tax Identification Number, and a signature of certification.



## Step 1: Determine Update Type

### Not all updates are the same

Changing a practice address is not the same as changing your Tax ID number. Some changes are easy, while others may be complicated and require new contracts or multiple update submissions.

Common types of demographic updates include:

- ✦ **Practice Address Update:** Changing the location of your physical practice address only.
- ✦ **Billing Address Update:** Changing your mailing, remittance, and pay-to address only.
- ✦ **Adding New Location:** Adding one or more new practice locations.
- ✦ **Business Name Update:** Changing your business name.
- ✦ **Tax ID Number (TIN) Update:** Changing your Tax ID number.

### Adding vs. moving a practice location

Are you **adding** a practice location because you now work at two (or more) different clinics? Or are you simply **moving** your current practice?

**PRO TIP:** Here's the best strategy for *moving* your practice.

- ✦ First, submit an update request to add your **new** address.
- ✦ When the new address has been correctly updated, submit a second request to remove the **old** address.

This way, the carrier is less likely to terminate your address too soon, or make other mistakes.



## Record your Step 1 data below

What type of update do you need? Check all that apply.

### Practice Address

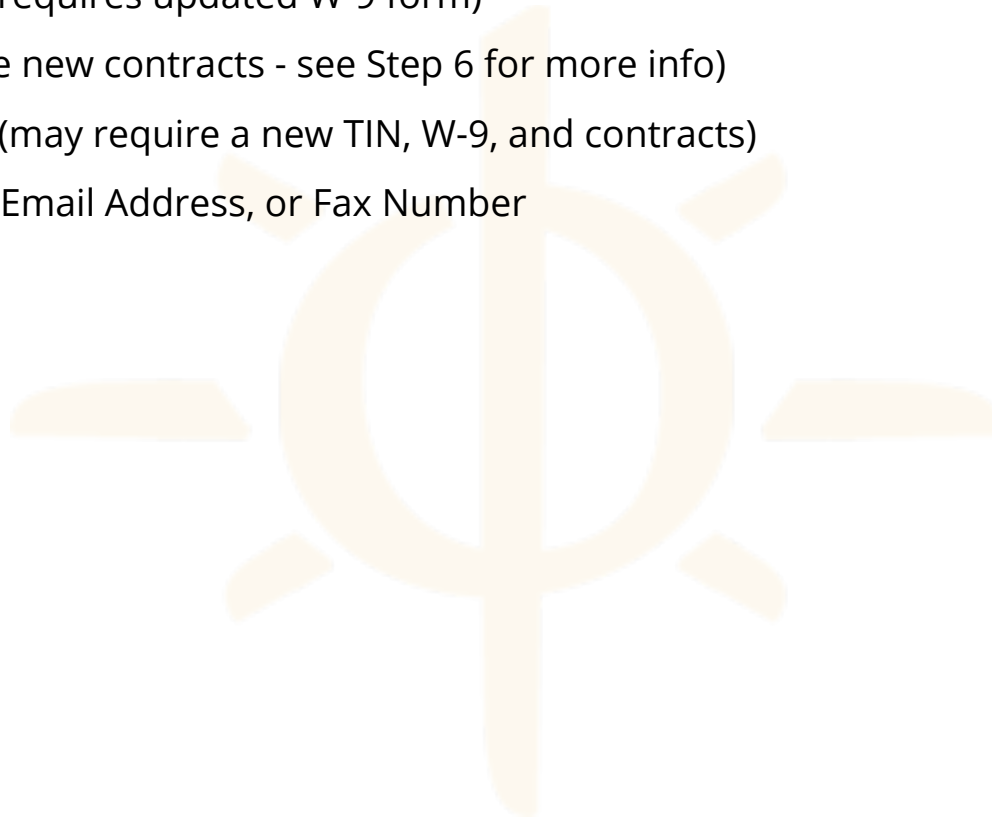
- Changing a suite number only
- Moving current location
- Adding new location(s) (may require additional contracts)
- Removing an old practice address that I no longer use

Billing Address (requires updated W-9 form)

TIN (may require new contracts - see Step 6 for more info)

Business Name (may require a new TIN, W-9, and contracts)

Phone number, Email Address, or Fax Number



## Step 2: Gather Update Information

Before you change anything, record your current demographic information - the information that the insurance carriers are already using.

This information should be located on your insurance contracts, carrier correspondence, or provider directory websites.

### My Current Demographic Information

Current Practice Name:	
Current Practice Address(es):	
Billing Address (match W-9):	
Tax ID Number (TIN):	
Appointment Phone Number:	
Clinic Fax Number:	
Clinic Email:	
Website:	

Record your *new* demographic information on the next page.

## My New Demographic Information

Only record changes to your demographic information below. For no change, leave blank.

New Practice Name:

New Practice Address(es):

New Billing Address (match W-9):

New Tax ID Number (TIN):

New Appt. Phone Number:

New Clinic Fax Number:

New Clinic Email:

New Website:

# Step 3: Determine Which Insurance Carriers to Notify

## Who do I need to notify?

Notify any carriers to which you file claims, whether you’re contracted (in-network) or not (non-participating or out-of-network).

**NOTICE**

Some insurance plans may be considered sub-payers of another parent carrier. For example, in some states, American Specialty Health handles contracts for Cigna and Providence plans, and MHN handles contracts for certain HealthNet and Tricare plans.

**In most cases, demographic updates only need to be submitted to the parent carrier,** which contacts the sub-payers to update their databases. This generally takes 30-90 days. Your original contracts and welcome packet may provide a list of sub-payers.

## Record your Step 3 data below

CARRIERS I CURRENTLY BILL	
I am contracted (in-network) with....	I am <b>not</b> contracted (out-of-network) with....

## Unsure of your current network or contract status?

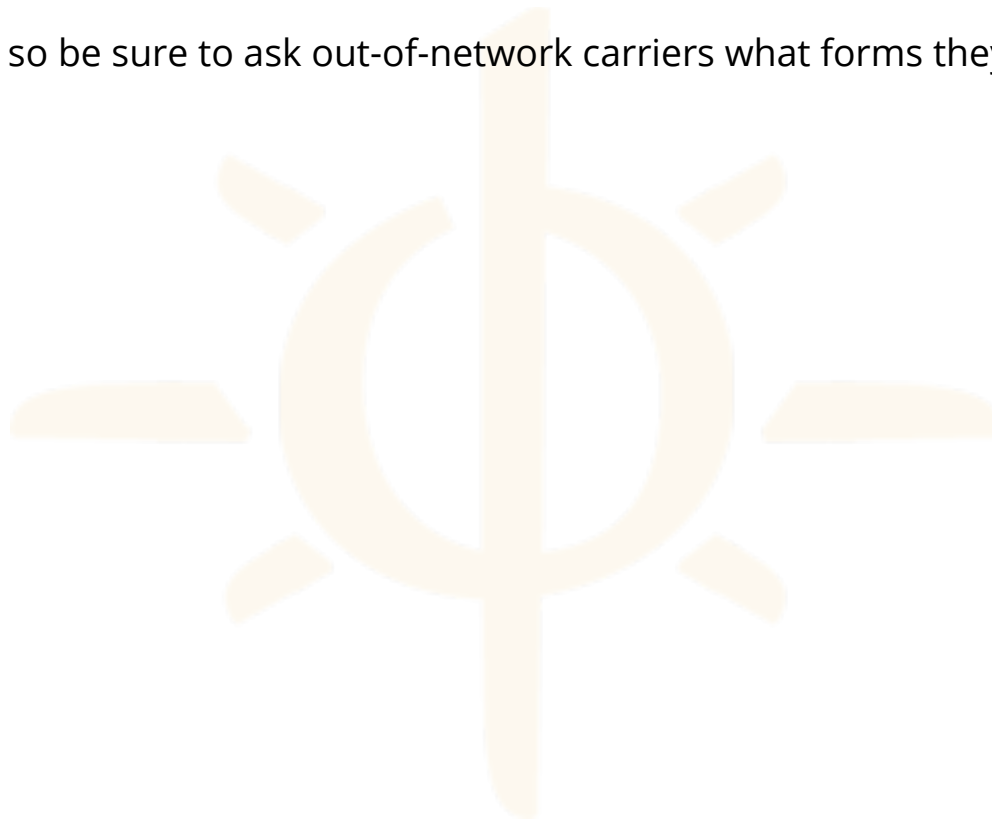
Contact the carrier's Provider Relations Department to inquire whether you are considered in-network or out-of-network for your current practice address(es) and Tax ID number(s).

Provider Relations phone numbers are listed on carrier websites.

## Out-of-Network Demographic Updates

For non-participating (out-of-network) providers, formal demographic update requests *may not be required*. Some carriers will accept an updated W-9 form with a paper claim via U.S. mail.

There are exceptions, so be sure to ask out-of-network carriers what forms they require.





## Step 4: Time Your Update & Choose an Effective Date

### Processing Times

Processing and completion times vary for every demographic update. Plan to wait **at least 45 business days**. *Some carriers take 90-120 business days or longer.* Expect seasonal variation in processing times. Inclement weather, holidays, and natural disasters may also delay processing.

### Complexity

A simple update (e.g. only a phone number) might take 14-45 days, while a complex update may take 90+ days. For example, to update a Tax ID number, you'd likely need to sign new contracts.

Parent carriers who handle updates for sub-payers may need an **additional 30-90 days** to export your new information to each plan. So plan your update well in advance and be prepared to wait!

### Selecting an Effective Date

**The effective date is the date your updated demographic information should appear in carrier data systems.** If your effective date is July 1st, claims for dates of service prior to July 1st will process under the old demographic information. Claims with a date of service on or after July 1st will process under the new demographic information.

Updating early usually yields the best results. An effective date that is 90+ days in the future will be *much* easier to accomplish than an effective date that is only 30 days in the future (or in the past).

**Retroactive effective dates** are very stressful and may result in delayed claim processing or claim denials. *Some carriers will not allow retroactive dates.*

Be sure to ask about their effective date policies when calling each carrier. Here's why:

#### SCENARIO #1

You're planning to move your clinic on November 1st, 90 days in the future. You send in your update at the end of July. All goes well, and you receive confirmation in late October that the update is complete.

You use the old information until October 31st. On November 1st, you update your demographic info in your billing software and begin filing claims. Easy peasy!

**SCENARIO #2**

It's May 1st. You moved a month ago, didn't tell anyone, and now your claims are being denied. You panicked (rightfully so), found this book, and got to work.

August 1st arrives; you have a few months of claims denied, no money in the bank, and life's not fun. You send in your update with an effective date of May 1st, three months after the fact. It'll take up to 90 days to process, so you have to sit on claims until November. *You don't get paid for insurance claims for almost half a year. Yuck.* How's your cortisol?

**PRO TIP:** Spare your adrenals (and get some money in the bank) by declaring a re-do. Use a future effective date and bill under your old information until your update hits.

**My Effective Date**

Based on this new knowledge, enter your effective date below.

Effective Date for change(s): \_\_\_\_\_

## Step 5: Research Update Requirements

Most demographic updates require either...

- ✦ a specific update form, or
- ✦ a signed update request letter containing all of your relevant information (see page 22).

Before submitting anything, call every insurance carrier on your list from Step 2 (page 11). Ask what they require to process your demographic update and collect the required forms. Provider Relations phone numbers are listed on carrier websites.

Read on for a sample script and a list of important questions to ask on your calls.

### Calling for Demographic Update Requirements (Script)

*Note: Representatives may transfer you to another department, and you may need to repeat yourself several times. Keep a computer or tablet nearby in case you need to access carrier websites.*

**Carrier**      Thank you for calling <Insurance Carrier Name>, how may I help you?

**Provider**      Hi, my name is \_\_\_\_\_. I'm calling to find out the process to update my demographic information.

I want to change my (address/billing address/TIN/etc.).

*(Be ready to provide identification or contact information.)*

Do I need to submit a specific form? Can you direct me to it or send me a copy?

## Other Important Questions

- ✦ Where should I send this form/request letter?
- ✦ Can it be sent via fax, email, or certified mail?
  - ✓ Double-check fax numbers, email, and postal addresses with the representative.
- ✦ Should I include a W-9 form or any other documentation?
- ✦ How long will it take to process and finish this update?
- ✦ Can I request a retroactive effective date? (if applicable)
- ✦ Should patient claims be held until the update is complete?
- ✦ Will I receive confirmation that the update is in process?
- ✦ Who can I contact with issues or concerns regarding this update?

## Questions for Update Request Letters

- ✦ What information should be included in the request letter?
- ✦ Should the request letter be signed by the provider?
- ✦ Can it be faxed or emailed?
- ✦ Should I address a specific person or department? (Ex. ATTN: Provider Data Dept.)
- ✦ Should I include a W-9 form or any other documentation with this letter?

Use the call log template on page 24 to log each of your calls. Remember to note which forms or letters each carrier requires. For best results, keep your records neat and organized.

### NOTICE

Some carriers allow demographic information updates via online provider portals.  
**Read the instructions carefully: they often require additional forms or letters.**

You *cannot* update demographic information using only Availity, CAQH, or OneHealthPort (Provider Source) accounts. This does not work. Many carriers do not use these resources.

You should keep these accounts up-to-date, but submit demographic update forms and/or letters to each carrier as well.

## Step 6: Submit Update Forms & Letters

At this point, you've made all of your research calls, and understand which forms and letters to send. Now it's time to prepare and submit them.

**Submit the correct form or letter for each carrier.** Incorrect forms or letters may result in a failed update (see request letter template on page 22).

### Submission Advice

Generally, you should use the guidelines provided by the insurance carriers to submit your forms & letters. But here's some extra advice:

- ✦ **Fill out forms carefully.** Double *and* triple-check everything for errors before sending.
- ✦ **Make copies for your records.** When things go awry, you'll be glad you did.
- ✦ **Email is always best.** If it's an option, use email.
- ✦ **Fax is reliable.** Keep a copy of the fax confirmation for your records.
- ✦ **Postal mail is unreliable.** Use certified mail or get a tracking number for proof of receipt.
- ✦ **Always send a copy of your W-9, just in case.** Some carriers won't process anything without it.
- ✦ **Submit it all on the same day.** You'll only need to remember one submission date.
- ✦ **Check your email frequently.** Look for confirmation messages and auto-responses. Don't forget your Spam folder.

Use the submission tracking template on page 24 to track each of your submissions. For optimal results, keep neat and organized records for every document you submit.

### Important Information for Tax ID Number Updates

If you're changing your TIN, you may need to submit a copy of your official IRS form (**Form SS-4**) listing the new TIN. You should have received this form from the IRS when you registered your TIN. If you no longer have a copy, contact the IRS and request a replacement (**Form 147c**).

### Using your SSN as your Tax ID Number (Not Secure)

Providers may use their Social Security Number (SSN) as their tax identifier, but most accountants advise against it. **Your business income will be applied to your personal tax bracket / income.**

**It also makes you incredibly vulnerable to identity theft.** Remember, every single claim that you file will list your personal SSN. Trust us, it's not worth the risk.



## Step 7: Follow Up on Each Submission

### Calling to follow up

After submitting all forms and/or letters, call the carrier to confirm that the update has been received and is in process. **Collect a reference number for every call.**

Have your old *and* new demographic information close at hand when you follow up with the carrier. Be ready to provide any reference, case, or task numbers you've recorded during your calls, as well as the date, time, and method of submission (e.g. fax, email, mail).

If you are on hold for longer than 30 minutes, consider calling at a different time. Monday morning is the busiest time for calls. Try midday during the week.

#### NOTICE

**Know your network status before calling.** If the representative thinks you are out-of-network, they may transfer you to the credentialing department, which will be a waste of time.

### The Update Timeline

- ♦ **The first two weeks.** Your update may not appear in carrier systems for 10-14 days. At this point, calling is a waste of time and causes needless worry. (A rep might be unable to find the update even if the carrier has received it.)
- ♦ **2-4 weeks.** Call to confirm receipt of your update request. Ask if it has been assigned a case or task number. Make sure the carrier has everything they need. If not, confirm the best way to resubmit your forms or letter. Unfortunately, lost updates are very common. Expect to resend a few times.
- ♦ **4+ weeks.** Call the carrier 1-2 times a week to ask if they have processed the update. If not, ask for an estimated completion date.
- ♦ **After the update is complete.** Confirm *\*all\** of your new and current demographic information with each carrier, *including information that you did not request to change*. This ensures that all demographic information in your file is correct. While you're at it, check your network status and effective date to avoid unfortunate surprises later. Record the call reference number.

## Follow Up Call (Script)

**Carrier** Thank you for calling <Insurance Carrier Name>, my name is \_\_\_\_\_ (**note their name**). How can I help you?

**Provider** Hello, my name is \_\_\_\_\_. I'm calling to check on a (demographic/address/TIN) update that I submitted on <date>. I submitted the request by <fax/email/mail>.

**Carrier** What is your NPI or TIN so I can access your information?

*(Discuss the specifics of your update with the rep.)*

Your update is currently <in process/complete/etc.>.

- ♦ **In process:** Ask if they need anything from you, when they think the update will be done, and when to call back. Record case or task numbers, if available.
- ♦ **Complete:** Confirm that all demographic information is correct, including practice name, phone number, practice and billing addresses, TIN, network status, and effective date.
- ♦ **Complete, but wrong:** Ask how to fix the issue, and if the rep is able to do so over the phone (see Troubleshooting, page 21).

**Provider** Thank you for this information.

What is the call reference number? *(Document it.)*

## Miscellaneous Follow Up Call Information

Review your demographic information carefully for minor mistakes. For example, the carrier may miss a phone number or suite number, or misspell your street address. Because the error is theirs, a carrier rep may be able to correct it without further action from you, but it's often *much* faster to send a **new** update request.

If your new TIN is reported as out-of-network, ask how to get in-network. This may be the carrier's mistake, but a new TIN often requires a new contract.

Carriers send new contracts via both email and postal mail. Keep an eye out and check your email spam folders often! Respond to all requests from carriers about the update, including requests for contracts.



## Troubleshooting

We'd love to tell you that the demographic update process is a breeze. But experience has taught us that even when you do everything right, the carrier can find a way to botch it up spectacularly.

What then?

### Lost Updates

Wait long enough for the update to appear in the carrier's system. If it's not loaded by the dates they've quoted, they lost it. Confirm the correct submission method (e.g. email, fax, mail), resubmit, and wait another 10-14 days before calling again.

### Wrong Updates

Carrier-side data entry errors are *really* common. Your suite number, phone number, or address may be updated incorrectly. If this happens, review your records carefully and make sure you submitted the correct information. Your letters and forms should be error-free.

If the carrier made a mistake, attempt to escalate the issue. Whether the mistake was yours or the carrier's, send in a **new** update letter or form to correct the error. It's much faster than waiting for the carrier to correct their mistake.

### Failed Sub-payer Updates

As mentioned in Step 3, some carriers are *supposed* to export your demographic information updates into their sub-payers' systems. They don't always succeed.

If sub-payers still report your old info after 90 additional days, contact the parent carrier. Confirm your new information, and request that they reexport it to their sub-payers. Ask them to expedite, but expect another 30- to 90-day wait (yes, *really*). Collect the name of the rep and a reference number for each call. You may need to call more than once.

## Wrapping Up

You've survived the demographic update process! We hope it went well, and that you're billing and getting paid regularly, consistently, and correctly.

If it *didn't* go well, don't worry. We know how challenging it can be. If you can't take it anymore, contact us via email at [info@alchemycredentialing.com](mailto:info@alchemycredentialing.com) for a quote and we'll pick up where you left off. For best results, keep neat and organized records for every step you attempt. Messy or incomplete information will not qualify for discounted rates.

## Appendix A: Update Request Letter Template

Provider Name

Street

City, State, Zip

Phone

Email

Date

### PROVIDER DEMOGRAPHICS UPDATE

Please update our current demographics as follows. If you have questions or need to request further information, please contact me at the information above.

Provider Name:

Specialty:

Title/Degree:

NPI:

Effective Date for change(s):

### EXISTING INFORMATION

Practice Name:

Practice Location:

Billing Address:

TIN:

Group NPI: (If applicable)

Phone:

Email:

NEW/UPDATED INFORMATION - (Use bold text to highlight new info.)

(Descriptor of what you are changing i.e., "Please change phone/billing address/Tax ID")

Practice Name:

Practice Location:

Billing Address:

TIN:

Group NPI: (If applicable)

Phone:

Email:

Sincerely,

Provider signature



## Appendix B: Sample Update Request Letter

Jane Q. Smith, L.Ac  
123 Healing Street  
Portland, OR 97211  
(503) 555-5555  
janeqsmithlac@gmail.com

07/01/2019

### PROVIDER DEMOGRAPHICS UPDATE

Please update our current demographics as follows. If you have questions or need to request further information, please contact me at the information above.

Provider Name: Jane Q. Smith, L.Ac  
Specialty: Acupuncture  
Title/Degree: LAC/LAC  
NPI: 1234567890  
Effective date for change(s): 11/01/2019

### EXISTING INFORMATION

Practice Name: Healing Street Acupuncture  
Practice Location: 123 Healing Street, Portland OR 97211  
Billing Address: P.O. Box 5, Smileville, OR 97015  
TIN: 55-5555555  
Group NPI: 0987654321  
Phone: (503) 555-5555  
Email: janeqsmithlac@gmail.com

### NEW/UPDATED INFORMATION

*(Please change the billing address and phone number.)*

Practice Name: Healing Street Acupuncture  
Practice Location: 123 Healing Street, Portland OR 97211  
Billing Address: **P.O. Box 777, Smileville, OR 97015 \*NEW\***  
TIN: 55-5555555  
Group NPI: 0987654321  
Phone: **(503) 555-7777 \*NEW\***  
Email: janeqsmithlac@gmail.com

Sincerely,

## Appendix C: Additional Templates

### Step 5: Research Update Requirements – Call Log Template

Log the following information carefully for **each** carrier you call in Step 5 (pages 15-16).

Date & time of call	
Carrier Name	
Sub-payers? (if applicable)	
Contracted? (Y/N)	
Name of Representative	
Type of Update (See Step 1)	
Form or Letter Required	
How to Submit (Fax, Email, Mail)	
ATTN	
W-9 or other forms required?	
Signature required? (Y/N)	
Expected Processing Time	
Contact for issues or concerns	
Call Reference # / Additional Notes	

### Step 6: Submit Update Forms & Letters – Submission Tracking Template

Track the following information carefully for **each** form or letter you submit in Step 6 (page 17).

Type of Update (See Step 1)	
Carrier Name	
Date of submission	
Method & info (Fax, Email, Mail)	
ATTN	
W-9 or other forms submitted	
Expected Processing Time	
Effective date (page 14)	
Case or Task # (if applicable)	
Follow Up Call Notes (See Step 7)	