



Request for Taxpayer Name, Identification Number and Certification from CenCal Health:



The Internal Revenue Service (IRS) requires specific information for health care providers in box #6 of IRS Form 1099-MISC. Your IRS Business Name and IRS Number must appear exactly as registered with the IRS; please no abbreviations. You may refer to any official IRS mailing label you have received. Additionally, the State of California Employment Development Department (EDD) requires specific information for persons doing business as a Sole Proprietor.

Please complete and return to the CenCal Health Provider Services Department via email at providerservices@cencalhealth.org or fax to 805.681.3019.

Any questions?
Call (800) 421-2560, extension 1676 in California or (805) 562-1676

NPI No.	Legacy No.
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PERSON COMPLETING THIS FORM			
Name		Signature	
		X	
Title	Date	Telephone	FAX
Your Form 1099-MISC Mailing Address			

Please complete **ONE** of the following for your business type:

1. SOLE PROPRIETOR		
First Name	Middle initial	Last Name
Social Security Number	IRS Business Name	IRS No. (or Employer Identification No.)
2. PARTNERSHIP		
IRS Business Name (agrees with IRS mailing label)		IRS Number (or Employer Identification Number)
Optional DBA Information, Partners' Names, etc.		
3. CORPORATION		
IRS Business Name (agrees with IRS mailing label)		IRS Number (or Employer Identification Number)
Optional DBA Information		
4. OTHER		
Please Explain:		
IRS Business Name (agrees with IRS mailing label)		IRS Number (or Employer Identification Number)
Optional DBA Information		