

Provider Additional Location Packet

PROVIDER CHECK LIST

Provider Information:

1. Provider Name (first and last) : _____
2. Primary Location Billing Tax ID #: _____
3. Provider Dental License #: _____

Please complete:

- Practice and Facility Form (One per office)
- Completed W9 form

Submit via fax or email:

- ◆ Fax: 209-478-5614
- ◆ Email: providerservices@cypressadmin.com



ADDITIONAL PRACTICE & FACILITY FORM

PRACTICE INFORMATION

Practice Name	Phone	Fax				
Address	City	State	Zip Code			
Mailing Address (if different from above)	City	State	Zip Code			
Billing Provider NPI	Tax ID Number (TIN) or Employer ID Number (EIN)					
Email	Legal Entity (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor					
Office Staff	Dentists:	Hygienists:	Assistants:	Receptionists:	Operatories:	
Foreign Languages Spoken:	<input type="checkbox"/> Cantonese <input type="checkbox"/> Punjabi	<input type="checkbox"/> Chinese <input type="checkbox"/> Russian	<input type="checkbox"/> Farsi <input type="checkbox"/> Spanish	<input type="checkbox"/> Hmong <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean <input type="checkbox"/> Other _____	<input type="checkbox"/> Mandarin

Office Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

FACILITY DETAIL

Facility Location (check one): <input type="checkbox"/> Professional Building	<input type="checkbox"/> Stand-alone Building	<input type="checkbox"/> Shopping Center	
Number of Accessible Parking Spaces: _____	Handicap Accessible? <input type="checkbox"/> NO <input type="checkbox"/> YES	Near Public Transit? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Waiting Room Capacity: _____	Drinking Fountain? <input type="checkbox"/> NO <input type="checkbox"/> YES	Patient Education Materials Available? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Number of Operatories: _____	Expansion Capability? <input type="checkbox"/> NO <input type="checkbox"/> YES	Credit Cards Accepted? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Number of Standard X-Ray Machines: _____	Panorex? <input type="checkbox"/> NO <input type="checkbox"/> YES	Digital X-Ray? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Laboratory Capacities (check all that apply): <input type="checkbox"/> Pouring Models	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Fabricate Dentures	<input type="checkbox"/> Fabricate Crowns
Facility uses computer(s) for (check all that apply): <input type="checkbox"/> Practice Management			
<input type="checkbox"/> Accounts Receivable			
<input type="checkbox"/> Appointment Scheduling			
<input type="checkbox"/> Insurance Billing (EDI)			
<input type="checkbox"/> Computers not used			

CAPACITY / AVILABILITY

Total Maximum Capacity (number of patients): _____	At what percentage of your Total Maximum Capacity are you operating? _____		
Access/Appointment Availability: Initial: _____(wks)	Routine: _____(wks)	Hygiene: _____(wks)	Emergency: _____(hrs)
Average Waiting Time in Office with Appointment: _____			

AFTER-HOURS ACCESS

Does your office have an answering service or answering machine during non-business hours which provides instructions regarding how patients may obtain urgent or emergency care? NO YES

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.