

Out of Country Provider Account Change Form

**For L&I Use Only –
Provider Account #**

1. Account Information (Required)

Provider/Business/Facility Name	Email Address
L&I Provider Account Number	L&I Group Account Number

2. Change the Name on My Account(s): If you are changing the name of the individual, then you must attach documentation: medial license, certification, marriage license, divorce decree, or court order. You do not need documentation to change your business name.

Previous Provider/Business/Facility Name	New Provider/Business/Facility Name
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3. Change the Address of My Office's Location: Include country code with the phone and fax numbers.

Old Location		New Location (This address cannot be a PO Box)	
Address		Address	
City	State ZIP	City	State ZIP
Country		Country	
Phone Number	Fax Number	Phone Number	Fax Number

4. Change My Payment Address: Include country code with the phone and fax numbers. To change this address you must submit these additional forms with the Change Form:

- [Out of Country Statewide Payee Registration form](#) and
- [W-8BEN form](#) (individual providers) or [W-8BENE form](#) (facilities and hospitals).

Old Payment Address		New Payment Address (PO Box accepted)	
Address		Address	
City	State ZIP	City	State ZIP
Country		Country	
Phone Number	Fax Number	Phone Number	Fax Number

5. Change My Correspondence Address: Include country code with the phone and fax numbers.

Old Correspondence Address		New Correspondence Address (PO Box accepted)	
Address		Address	
City	State ZIP	City	State ZIP
Country		Country	
Phone Number	Fax Number	Phone Number	Fax Number

6. Inactivate My Provider Account

L&I Provider Account Number	Provider/Business/Facility Name	Effective Date
Reason:		

7. I authorize this change by signing below: (Required)

- L&I cannot accept electronic signatures.

Signature	Phone Number	Date
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