OneHealthPort

RESOLVE DUPLICATE TAX IDENTIFICATION NUMBER INSTRUCTIONS

OneHealthPort has a specific policy that must be followed to resolve duplicate tax ID's (TIN's). This policy exists to protect your tax ID and help your organization comply with best security practices and HIPAA laws and regulations. Please read the following instructions carefully and provide the required information. Incomplete information will delay completion of your request.

MY ORGANIZATION OWNS THE TAX ID:

Please complete the following steps:

1. On your organizations corporate letterhead, make a request to release the TAX ID in question. Must contain:
    a. Full name of the person authorized to make requests regarding the TAX ID.
    b. Signature of the authorized person.
    c. TAX ID to be released.
2. Complete the attached form.
3. Fax both the request on letterhead and the completed form to 206-624-3168.

Your request will be reviewed by OHP staff and acted upon within 3 business days of receipt.

MY ORGANIZATION IS ACTING ON BEHALF OF THE ORGANIZATION THAT OWNS THE TAX ID:

By policy, only the organization who own's the TAX ID may request it to be released. Please contact the organization owning the TAX ID and have them:

1. On their organizations corporate letterhead, make a request to release the TAX ID in question. Must contain:
    a. Full name of the person authorized to make requests regarding the TAX ID.
    b. Signature of the authorized person.
    c. TAX ID to be released.
2. Complete the attached form.
3. Fax both the request on letterhead and the completed form to 206-624-3168.

Their request will be reviewed by OHP staff and acted upon within 3 business days of receipt.

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RESOLVE DUPLICATE TAX IDENTIFICATION NUMBER REQUEST

Please submit this form, completed, and a formal request on corporate letterhead signed by a person in authority to make TAX ID requests and fax to 206-624-3168. Your request will be reviewed and acted upon within 3 business days after receipt.

Organization Name	
TAX ID	
Contact Name	
Phone Number	
Email Address	

I, _____ , attest that I have authority to make this request for the TAX ID noted above. Please release it so it may be re-registered.

X_____