

# Northwell Health Premium Network

## Instructions for Completing W9

- Please print legibly. Typed copies are preferred.
- Please include:
  - 1) Practice name
  - 2) Practice billing address
  - 3) Tax Identification Number (TIN)
- Please complete lines 1, 3, 5, and 6, as well as Part 1, and sign and date Part 2
- Part 1 must contain either a SSN or TIN.